

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

TO ADVANCE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE REFER TO FORM 990, SCHEDULE H FOR ADDITIONAL DISCLOSURE REGARDING LANCASTER GANERAL HOSPITAL'S MISSION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<b>4a</b>	(Code )	(Expenses \$	133,838,016	including grants of \$	0 )	(Revenue \$	238,551,982 )
See Additional Data							

<b>4b</b>	(Code )	(Expenses \$	131,850,690	including grants of \$	0 )	(Revenue \$	212,027,798 )
See Additional Data							

<b>4c</b>	(Code )	(Expenses \$	116,412,527	including grants of \$	0 )	(Revenue \$	116,041,113 )
See Additional Data							

<b>4d</b>	Other program services (Describe in Schedule O )						
	(Expenses \$	454,603,869	including grants of \$	3,719,802 )	(Revenue \$	561,583,225 )	

<b>4e</b>	<b>Total program service expenses ▶</b>	836,705,102					
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b> Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b> Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b> Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b> Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b> Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☒

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 409	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	7,811	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response or note to any line in this Part VI ☒

## Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 14		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

## Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	No
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	No

## Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed: PA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 ► F JOSEPH BYORICK III CFO 555 NORTH DUKE STREET LANCASTER, PA 17604 (717) 544-4926

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☒

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	17,442,075	10,570,306	1,862,768

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 651

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	<b>5</b>	No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
BENCHMARK CONSTRUCTION COMPANY, PO BOX 806 BROWNSTOWN, PA 17508	CONSTRUCTION	18,943,189
THE WHITING-TURNER CONTRACTING COMP, 300 EAST JOPPA RD 8TH FL PO BOX 1 BALTIMORE, MD 212863048	CONSTRUCTION	13,309,455
ACCLARA SOLUTIONS LLC, 13201 NORTHWEST FREEWAY SUITE 600 HOUSTON, TX 77040	COLLECTIONS	6,999,840
TRUSTMARK HEALTH BENEFITS INC, 62707 COLLECTION CENTER DR CHICAGO, IL 606930627	HLTH BENEFITS ADMIN	5,176,274
EPIC SYSTEMS CORP, PO BOX 88314 MILWAUKEE, WI 532880314	SOFTWARE MAINTENANCE	4,074,914

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 196</p>	
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Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	18,500				
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	288,822				
	g	Noncash contributions included in lines 1a - 1f \$		9,492				
	h	Total. Add lines 1a-1f . . . . .			307,322			
Program Service Revenue			Business Code					
	2a	OTHER NET PATIENT REVENUE	622110	643,343,540	641,103,222	2,240,318		
	b	MEDICARE/MEDICAID NET PATIENT REVENUE	622110	426,341,304	426,341,304			
	c	RENT REVENUE FROM AFFILIATES	531190	5,835,068	5,835,068			
	d	MISCELLANEOUS RETAIL SALES	541900	579,551	579,333	218		
	e	PROFESSIONAL SERVICES	900099	67,180	67,180			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		1,076,166,643				
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) . . . . .	3,045,082			3,045,082	
	4		Income from investment of tax-exempt bond proceeds . . . . .	0				
	5		Royalties . . . . .	0				
	6a	(i) Real	(ii) Personal					
		Gross rents						
		b	Less rental expenses					
		c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) . . . . .		0				
	7a	(i) Securities	(ii) Other					
		Gross amount from sales of assets other than inventory		64,681,667				
		b	Less cost or other basis and sales expenses	64,486,260				
		c	Gain or (loss)	195,407				
	d	Net gain or (loss) . . . . .		195,407			195,407	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a	0			
		b	Less direct expenses . . . . .	b	0			
		c	Net income or (loss) from fundraising events . . . . .		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a	0			
		b	Less direct expenses . . . . .	b	0			
c		Net income or (loss) from gaming activities . . . . .		0				
10a	Gross sales of inventory, less returns and allowances . . . . .		a	0				
	b	Less cost of goods sold . . . . .	b	0				
	c	Net income or (loss) from sales of inventory . . . . .		0				
Miscellaneous Revenue		Business Code						
11a	MANAGEMENT FEE REVENUE	541200	15,964,842	15,163,551	801,291			
b	CONVENIENCE PHARMACY REVENUE	446110	14,189,122	14,189,122				
c	SALE OF SERVICE	541900	9,644,310	6,640,904	3,003,406			
d	All other revenue . . . . .		26,337,801	16,043,898	63,921	10,229,982		
e	Total. Add lines 11a-11d . . . . .		66,136,075					
12	Total revenue. See Instructions . . . . .			1,145,850,529	1,125,963,582	6,109,154	13,470,471	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,703,302	3,703,302		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	16,500	16,500		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	9,069,757		9,069,757	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	376,696,218	318,985,757	57,449,485	260,976
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	30,948,583	25,640,307	5,287,209	21,067
<b>9</b> Other employee benefits.	56,450,329	45,781,917	10,617,407	51,005
<b>10</b> Payroll taxes.	27,173,512	22,372,170	4,779,566	21,776
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	1,007,257	16,167	991,090	
<b>c</b> Accounting.	11,593		11,593	
<b>d</b> Lobbying.	72,361		72,361	
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	51,555		51,555	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	21,990,345	14,441,606	7,486,372	62,367
<b>12</b> Advertising and promotion.	3,157,958	3,157,958		
<b>13</b> Office expenses.	37,730,262	20,007,978	17,703,603	18,681
<b>14</b> Information technology.	2,665,619	225,509	2,411,294	28,816
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	23,659,915	18,168,845	5,491,070	
<b>17</b> Travel.	1,393,115	865,745	521,241	6,129
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	0			
<b>20</b> Interest.	7,023,410	7,023,410		
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	47,570,444	41,606,610	5,963,266	568
<b>23</b> Insurance.	7,429,541		7,429,541	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> MED/SURG SUPPLIES	219,626,436	223,214,145	-3,595,317	7,608
<b>b</b> MANAGEMENT FEE	72,082,703	60,054,535	12,028,168	
<b>c</b> PURCHASED SERVICES	54,498,695	30,968,791	22,766,650	763,254
<b>d</b> BAD DEBT (NON-PATIENT)	142,727	16,088	126,639	
<b>e</b> All other expenses	437,762	437,762		
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,004,609,899	836,705,102	166,662,550	1,242,247
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		26,500	<b>1</b>	27,758
	<b>2</b>	Savings and temporary cash investments . . . . .		98,876,798	<b>2</b>	92,543,099
	<b>3</b>	Pledges and grants receivable, net . . . . .		427,361	<b>3</b>	1,073,782
	<b>4</b>	Accounts receivable, net . . . . .		114,632,865	<b>4</b>	125,859,287
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		63,343,994	<b>7</b>	63,756,597
	<b>8</b>	Inventories for sale or use . . . . .		16,575,632	<b>8</b>	18,754,642
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		13,835,649	<b>9</b>	11,004,589
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	1,310,064,724		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	759,940,166		
				522,055,352	<b>10c</b>	550,124,558
	<b>11</b>	Investments—publicly traded securities . . . . .		41,921,568	<b>11</b>	61,397,847
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		39,324,648	<b>15</b>	32,097,565	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		911,020,367	<b>16</b>	956,639,724	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		87,038,453	<b>17</b>	94,292,644
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		3,313,929	<b>19</b>	4,995,075
	<b>20</b>	Tax-exempt bond liabilities . . . . .		277,841,651	<b>20</b>	246,902,884
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		31,782,313	<b>25</b>	53,069,697
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		399,976,346	<b>26</b>	399,260,300
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		487,388,159	<b>27</b>	527,669,311
	<b>28</b>	Temporarily restricted net assets . . . . .		13,056,890	<b>28</b>	17,257,104
	<b>29</b>	Permanently restricted net assets		10,598,972	<b>29</b>	12,453,009
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		511,044,021	<b>33</b>	557,379,424	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		911,020,367	<b>34</b>	956,639,724	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,145,850,529
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,004,609,899
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	141,240,630
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	511,044,021
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	32,343
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-94,937,570
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	557,379,424

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-1365353

**Name:** LANCASTER GENERAL HOSPITAL

Form 990 (2018)

**Form 990, Part III, Line 4a:**

SURGICAL SERVICES

<b>Form 990, Part III, Line 4b:</b>	
<b>NURSING SERVICES</b>	
<hr/>	

<b>Form 990, Part III, Line 4c:</b>	
<u>PHARMACY</u>	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William H Adams MD ..... Trustee	2 0 ..... 2 0	X						0	0	0
John M Anderson PhD ..... Trustee	2 0 ..... 2 0	X						0	0	0
Thomas T Baldrige ..... Trustee	2 0 ..... 2 0	X						0	0	0
Frederick C Beyer III MD ..... Trustee	2 0 ..... 53 0	X						0	421,208	38,463
Keith Kasper ..... Trustee	2 0 ..... 53 0	X						0	1,350,555	182,342
Keith R Kuhlengel MD ..... Trustee	2 0 ..... 4 0	X						0	0	0
Francis J Manning MD ..... Trustee	2 0 ..... 2 0	X						0	0	0
C Clair McCormick ..... Trustee	2 0 ..... 2 0	X						0	0	0
Edward Monborne ..... Trustee	2 0 ..... 2 0	X						0	0	0
Ralph W Muller ..... Trustee	2 0 ..... 53 0	X						0	2,601,584	524,692



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lon Pickell ..... Trustee	2 0 .....	X						0	0	0
Neal Salerno ..... Trustee	2 0 .....	X						0	0	0
Carolyn F Scanlan ..... Trustee	2 0 .....	X						0	0	0
Kim Smith Esq ..... Trustee	2 0 .....	X						0	0	0
Jordan Space ..... Trustee	2 0 .....	X						0	0	0
Patrick D Whalen ..... Trustee	2 0 .....	X						0	0	0
Jan L Bergen ..... President & CEO, LG Health	47 0 ..... 8 0	X		X				1,876,763	367,868	170,666
Joanne B Ladley ..... Vice Chairperson	2 0 ..... 2 0	X		X				0	0	0
D Michael Wege ..... Chairperson	2 0 ..... 2 0	X		X				0	0	0
Philip R Wenger ..... Chairperson	2 0 ..... 2 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kay Brady ..... VP, Human Resources	51 0 ..... 4 0			X				248,637	0	23,470
F Joseph Byorick III ..... SVP, CFO	45 0 ..... 10 0			X				637,160	0	17,627
Margaret F Costella Esq ..... SVP, Legal Svcs, Gen Counsel	41 0 ..... 14 0			X				362,322	0	15,219
Brian M Crimmins ..... VP, Facilities Planning	53 0 ..... 2 0			X				115,099	0	14,435
Gary Davidson ..... SVP and CIO	53 0 ..... 2 0			X				616,982	0	48,824
Geoffrey W Eddowes ..... SVP, WBH	53 0 ..... 2 0			X				388,725	0	30,227
Norma J Ferdinand ..... SVP, Quality & Perf Improvemen	53 0 ..... 2 0			X				708,578	0	22,560
T Raymond Foley ..... President, Physician Services	2 0 ..... 53 0			X				0	1,705,108	26,698
Jennifer L Groff ..... VP Organizational Advancement	2 0 ..... 53 0			X				0	208,359	15,835
Alexandra Jorgensen ..... Chief HR Officer	51 0 ..... 4 0			X				329,537	0	26,561

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Elizabeth D Katz ..... VP, Risk Mgmt & Corp Complianc	53 0 ..... 2 0			X				207,318	0	19,824
Denise A Kennedy ..... VP, Financial Services	53 0 ..... 2 0			X				244,951	0	19,117
Robert P Macina Esq ..... EVP, Chief Admin Officer	43 0 ..... 12 0			X				622,069	0	28,056
Edward Maloney ..... VP, Information Tech Operation	53 0 ..... 2 0			X				302,561	0	26,894
William McCune ..... SVP Hospital Operations	53 0 ..... 2 0			X				469,265	0	30,117
Tammy L Ober ..... VP, Hospital Operations	51 0 ..... 4 0			X				304,296	0	33,974
Richard D Paoletti ..... VP, Primary Care & Ambulatory	49 0 ..... 6 0			X				334,964	0	30,110
Sean P Reynolds ..... VP, Operations Physician Svcs	2 0 ..... 53 0			X				0	237,099	25,691
Douglas W Rinehart ..... VP, Controller	49 0 ..... 6 0			X				265,583	0	27,625
Michael R Ripchinski ..... Chief Clinical Officer	51 0 ..... 4 0			X				488,966	0	30,324

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lanyce A Roldan ..... SVP & Chief Nursing Executive	53 0 ..... 2 0			X				330,885	0	27,259
Christine M Stabler MD ..... VP, Academic Affairs	53 0 ..... 2 0			X				431,440	0	26,225
Cynthia J Stauffer ..... VP, Epic & Clinical Apps	53 0 ..... 2 0			X				222,557	0	17,886
James A Stuccio ..... SVP, Ambulatory & Phys Svcs	2 0 ..... 53 0			X				0	615,410	30,324
Susan Wynne ..... SVP, Business Dev & Planning	51 0 ..... 4 0			X				446,544	0	20,136
Stacey G Youcis ..... SVP Svc Lines/Population Hlth	49 0 ..... 6 0			X				383,854	0	27,931
Kenneth G Berkenstock ..... Radiation Oncologist	50 0 ..... 0 0					X		939,774	0	33,463
Kishor P Singapur ..... Radiation Oncologist	50 0 ..... 0 0					X		814,228	0	28,855
James Ku ..... Bariatric Surgeon	48 0 ..... 2 0					X		748,641	0	29,835
Philip M Bayliss ..... Perinatologist	50 0 ..... 0 0					X		728,913	0	27,488

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeffrey T Cope ..... Cardiothoracic Surgeon	50 0 ..... 0 0					X		712,769	0	30,340
Thomas E Beeman PHD ..... Former Officer	0 0 ..... 0 0						X	834,638	2,298,112	17,818
Lee M Duke II MD ..... Former Officer	0 0 ..... 0 0						X	2,199,020	0	17,696
Regina M Mingle ..... Former Officer	0 0 ..... 0 0						X	125,036	765,003	98,161

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No 1545-0047
		<b>2018</b>
		<b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	<b>Name of the organization</b> LANCASTER GENERAL HOSPITAL	<b>Employer identification number</b> 23-1365353

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- ☐ 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- ☒ 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- ☐ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- ☐ 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- ☐ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- ☐ 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- ☐ 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- ☐ 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- ☐ 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- ☐ 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - ☐ a **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - ☐ b **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - ☐ c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - ☐ d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - ☐ e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - ☐ f Enter the number of supported organizations
- ☐ g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

Section C. Computation of Public Support Percentage

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ☐

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 23-1365353  
Name: LANCASTER GENERAL HOSPITAL

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization LANCASTER GENERAL HOSPITAL	Employer identification number 23-1365353
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?	Yes		15,370
<b>e</b>	Publications, or published or broadcast statements?	Yes		7,163
<b>f</b>	Grants to other organizations for lobbying purposes?	Yes		70,168
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		61,527
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		122,588
<b>i</b>	Other activities?	Yes		1,370
<b>j</b>	Total. Add lines 1c through 1i			278,186
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b>	Current year	<b>2b</b>	
<b>b</b>	Carryover from last year	<b>2c</b>	
<b>c</b>	Total	<b>3</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>5</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	DETAILED DESCRIPTION OF LOBBYING ACTIVITIES LANCASTER GENERAL HOSPITAL ATTEMPTED TO INFLUENCE FOREIGN, NATIONAL, STATE OR LOCAL LEGISLATION, INCLUDING ANY ATTEMPT TO INFLUENCE PUBLIC OPINION ON A LEGISLATIVE MATTER OR REFERENDUM THROUGH THE USE OF MAILINGS, PUBLICATIONS, GRANTS, DIRECT CONTACT, RALLIES, DEMONSTRATIONS, SEMINARS, CONVENTIONS, SPEECHES, LECTURES OR OTHER SIMILAR MEANS



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DLN: 93493192016150

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

LANCASTER GENERAL HOSPITAL

Employer identification number

23-1365353

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐

Preservation of land for public use (e g , recreation or education)

☐

Protection of natural habitat

☐

Preservation of open space

☐

Preservation of an historically important land area

☐

Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

(ii)

Assets included in Form 990, Part X

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

b

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2018

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	11,288,340	9,549,827	8,019,870	8,091,376	8,361,415
b Contributions	1,144,120	732,131	826,789	191,769	108,879
c Net investment earnings, gains, and losses	733,426	1,129,038	979,494	-32,236	241,986
d Grants or scholarships					
e Other expenditures for facilities and programs	157,756	119,474	276,326	230,929	620,601
f Administrative expenses	39,005	3,182		110	303
g End of year balance	12,969,125	11,288,340	9,549,827	8,019,870	8,091,376

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

60 000 %

b

Permanent endowment

40 000 %

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		44,090,916		44,090,916
b Buildings		559,217,983	245,853,464	313,364,519
c Leasehold improvements		22,844,876	15,159,223	7,685,653
d Equipment		568,250,774	404,758,480	163,492,294
e Other		115,660,175	94,168,999	21,491,176
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				550,124,558

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )		

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
OTHER LONG-TERM LIABILITIES	22,375,693
SHORT TERM NOTE PAYABLE	22,175,000
EST THIRD PARTY SETTLEMENTS	3,973,426
INTEREST PAYABLE	2,806,896
OTHER CURRENT LIABILITIES	1,738,682
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	53,069,697

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,054,334,617
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	32,343
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-90,016,225
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-89,983,882
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,144,318,499
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,532,030
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,532,030
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	1,145,850,529

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,007,999,214
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	3,878,632
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	3,878,632
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,004,120,582
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	51,555
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	437,762
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	489,317
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	1,004,609,899

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-1365353  
**Name:** LANCASTER GENERAL HOSPITAL

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS LANCASTER GENERAL HOSPITAL UTILIZES THE ENDOWMENT FUNDS IN ACCORDANCE WITH THEIR TAX-EXEMPT PURPOSE AND AS SPECIFIED BY THE DONOR ----- -----

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	TEXT OF FIN 48 (ASC 740) FOOTNOTE THIS ORGANIZATION IS AN AFFILIATE OF THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA ("UNIVERSITY") THE FIN 48 (ASC 70) FOOTNOTE BELOW DERIVES FROM THE CONSOLIDATED JUNE 30, 2019 FINANCIAL STATEMENTS OF THE UNIVERSITY THE UNIVERSITY REGULARLY EVALUATES ITS TAX POSITION AND DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE OR ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS ----- -----

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	DETAIL OF OTHER ITEMS LGH AND NOVASTREAM INTERCOMPANY TRANSACTIONS \$ 5,704,733 INVESTMENT MANAGER FEES (51,555) RELATED PARTY TRANSFERS (101,660,397) EQUITY IN LOSS (437,762) PERPE TUAL TRUST DISTRIBUTIONS 86,541 TRANSFER OF NET ASSETS 6,079,791 OTHER NON-OPERATING INCOM E 262,424 ----- \$ (90,016,225) -----



# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	DETAIL OF OTHER ITEMS \$1,532,030 OF SALARY AND BENEFITS RELATED TO SHARING OF EMPLOYEES WITH OTHER LANCASTER GENERAL HEALTH ORGANIZATIONS IS SHOWN AS REVENUE FOR FORM 990 REPORTING AND AS A REDUCTION OF EXPENSE FOR FINANCIAL STATEMENT REPORTING -----

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	DETAIL OF OTHER ITEMS ELIMINATION OF INTERCOMPANY EXPENSES B/W LGH & NOVASTREAM \$5,410,662 SALARY & BENEFITS RELATED TO SHARING OF EMPLOYEES WITH OTHER LANCASTER GENERAL HEALTH ORG ANIZATIONS IS SHOWN AS REVENUE FOR FORM 990 REPORTING AND AS A REDUCTION OF EXPENSE FOR FI NANCIAL STATEMENT REPORTING (1,532,030) ----- \$3,878,632 -----

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	DETAIL OF OTHER ITEMS EQUITY IN LOSS \$437,762

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
LANCASTER GENERAL HOSPITAL

Employer identification number  
23-1365353

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

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Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,252,890		10,252,890	1 020 %
b Medicaid (from Worksheet 3, column a)			138,319,420	68,607,968	69,711,452	6 940 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			148,572,310	68,607,968	79,964,342	7 960 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,240,779	4,015,579	2,225,200	0 220 %
f Health professions education (from Worksheet 5)			12,517,960	2,099,342	10,418,618	1 040 %
g Subsidized health services (from Worksheet 6)			1,858,068	466,427	1,391,641	0 140 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			741,293		741,293	0 070 %
j Total. Other Benefits			21,358,100	6,581,348	14,776,752	1 470 %
k Total. Add lines 7d and 7j			169,930,410	75,189,316	94,741,094	9 430 %

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy			444,272		444,272	0 040 %
<b>8</b> Workforce development						
<b>9</b> Other			1,500,000		1,500,000	0 150 %
<b>10 Total</b>			1,944,272		1,944,272	0 190 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	45,540,000	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	368,971,894
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	472,459,200
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-103,487,306
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	<b>9b</b>		No

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (describe)	Facility reporting group
	See Additional Data Table										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

12

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCH H, PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> Other website (list url) <u>SEE SCH H, PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	Yes
<b>a</b>	If "Yes" (list url) <u>SEE SCH H, PART V, SECTION C</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 % and FPG family income limit for eligibility for discounted care of 400 %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SCH H, PART V, SECTION C		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SCH H, PART V, SECTION C		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SCH H, PART V, SECTION C		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)**Billing and Collections**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **17**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C - FEDERAL POVERTY GUIDELINES	LANCASTER GENERAL HOSPITAL FOLLOWS THE FEDERAL POVERTY GUIDELINES FOR FREE CARE AND DISCOUNTED CARE -----
PART I, LINE 5B - FREE OR DISCOUNTED CARE BUDGET	LANCASTER GENERAL HOSPITAL PROVIDED FINANCIAL ASSISTANCE IN THE AMOUNT OF \$32,209,342 UNDER THE GUIDELINES OF ITS CHARITY CARE POLICY THIS AMOUNT EXCEEDED ITS BUDGETED AMOUNT OF \$31,261,775 BY \$947,566 THE PRIOR YEAR FINANCIAL ASSISTANCE TOTAL WAS \$27,337,073 -----

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 6B - COMMUNITY BENEFIT REPORT	LANCASTER GENERAL HOSPITAL MAKES AVAILABLE TO THE PUBLIC AN ANNUAL REPORT WHICH INCLUDES INFORMATION ABOUT COMMUNITY BENEFIT AND HEALTH EFFORTS BENEFIT AND HEALTH EFFORTS -----
PART I, LINE 7A - EXPLANATION OF COSTING METHODOLOGY	A BAD DEBT EXPENSE AMOUNT INCLUDED ON FORM 990, PART IX, COLUMN 25(A) OF \$142,728 WAS RELATED TO NON-PATIENT BAD DEBTS FOR THE YEAR ENDED JUNE 30, 2019 DUE TO THE ADOPTION OF NEW ACCOUNTING PRONOUNCEMENT ASC 606, CURRENT YEAR IMPLICIT PRICE CONCESSIONS ARE TREATED AS A CONTRA-REVENUE ITEM ON THE STATEMENT OF REVENUE (CONSISTENT WITH THE PRIOR YEAR TREATMENT OF PATIENT SERVICE BAD DEBTS) A COST ACCOUNTING SYSTEM WAS USED TO CALCULATE THE COST TO CHARGE RATIO BY CALCULATING TOTAL PATIENT CHARGES AND THE COSTS RELATED TO THESE CHARGES THIS SYSTEM ADDRESSES ALL PATIENT SEGMENTS ----- PART I, LINE 7A(C) FINANCIAL ASSISTANCE AT COST WAS CALCULATED USING THE COST ACCOUNTING SYSTEM COST TO CHARGE RATIO -----

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES	SUBSIDIZED HEALTH SERVICES REPORTED INCLUDES PSYCHOLOGY SERVICES AND A COMPREHENSIVE CARE CLINIC -----
PART I, LINE 7 - PERCENT OF TOTAL EXPENSE	THE PERCENT OF TOTAL EXPENSE IS CALCULATED USING THE FUNCTIONAL EXPENSE FROM FORM 990, PART IX, LINE 25 -----

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, LINE 7 - DESCRIPTION OF COMMUNITY BUILDING ACTIVITIES	COMMUNITY HEALTH IMPROVEMENT ADVOCACY INCLUDES SALARIES FOR FINANCIAL COUNSELORS WHO DISCUSS ELIGIBILITY AND REGISTER PATIENTS FOR ALL GOVERNMENTAL AND FINANCIAL ASSISTANCE PROGRAMS ----- PART II, LINE 9 OTHER INCLUDES PAYMENTS TO THE SCHOOL DISTRICT OF LANCASTER (EIN# 23-1726414) WHICH PROVIDES FUNDING FOR SCHOOL BASED HEALTH CLINICS AS WELL AS NURSING STAFF TO PROMOTE THE HEALTH AND WELL-BEING OF SCHOOL AGED CHILDREN -----
PART III, LINE 2 - IMPLICIT PRICE CONCESSIONS/BAD DEBT EXPENSE	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED IS BASED ON ACTUAL CHARGES WRITTEN OFF (AMOUNTS THAT ARE DEEMED TO BE UNCOLLECTIBLE AND RECORDED AS IMPLICIT PRICE CONCESSIONS UNDER NEW ACCOUNTING PRONOUNCEMENT ASC 606) ----- -----



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 3 - FAP ELIGIBLE BAD DEBT CALCULATION	AMOUNT IS ZERO BECAUSE THESE ACCOUNTS WOULD NOT BE INCLUDED AS BAD DEBT BUT WOULD BE INCLUDED AS CHARITY CARE -----
PART III, LINE 4 - IMPLICIT PRICE CONCESSION FOOTNOTE	THE IMPLICIT PRICE CONCESSION (BAD DEBT EXPENSE) FOOTNOTE DISCLOSURE CAN BE FOUND ON PAGE 19 OF THE ELECTRONICALLY ATTACHED COMBINED FINANCIAL STATEMENTS FOR THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM -----

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8 - COMMUNITY BENEFIT METHOD-MEDICARE	A COST ACCOUNTING SYSTEM WAS USED IN ORDER TO ATTAIN MORE PRECISE AMOUNTS REPORTED ON FORM 990, SCHEDULE H, PART III, SECTION B, LINES 5 AND 6 RATHER THAN AMOUNTS FROM LANCASTER GENERAL HOSPITAL'S MEDICARE COST REPORT FOR FISCAL YEAR 2019 THE \$103,487,306 REPORTED AS A SHORTFALL ON LINE 7 SHOULD BE TREATED AS COMMUNITY BENEFIT AS IT REPRESENTS COSTS NOT RECOVERED AS A RESULT OF SERVING THE MEDICARE POPULATION IF LANCASTER GENERAL HOSPITAL WOULD NOT SERVE THIS POPULATION, THE SHORTFALL WOULD BE ALLOCATED WITHIN THE COMMUNITY IN AREAS DEEMED A PRIORITY BY THE MISSION & COMMUNITY BENEFIT COMMITTEE THE TOTAL REVENUE REPORTED ON THE MEDICARE COST REPORT WAS \$201,793,728 AND INCLUDES BAD DEBT, INDIRECT MEDICAL EDUCATION (IME) PAYMENTS, COINSURANCES, AND DEDUCTIBLES DIRECT GRADUATE MEDICAL EDUCATION (GME) REVENUE IS REPORTED ON SCHEDULE H, PART I, LINE 7F, HEALTH PROFESSIONS EDUCATION AND THEREFORE IS EXCLUDED FROM THIS AMOUNT THE TOTAL EXPENSE REPORTED ON THE MEDICARE COST REPORT WAS \$162,779,665 PHYSICIAN, CRNA, AND LABORATORY SERVICES REVENUE AND EXPENSE RELATED TO THESE SERVICES ARE REMOVED FROM THE MEDICARE COST REPORT PHYSICIAN, CRNA, AND LABORATORY SERVICES REVENUE AND EXPENSE ARE INCLUDED IN THE AMOUNT REPORTED ON SCHEDULE H, PART III, SECTION B, LINE 7 DERIVED FROM THE COST ACCOUNTING SYSTEM ----- -----
PART III, LINE 9B - COLLECTION PRACTICES	LANCASTER GENERAL HOSPITAL'S CURRENT COLLECTION POLICY DOES NOT CONTAIN PROVISIONS ON THE COLLECTION PRACTICES TO FOLLOW FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE -----

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	<p>IN ADDITION TO CONDUCTING THE FORMAL CHNA EVERY THREE YEARS, LG HEALTH ASSESSES THE HEALTH NEEDS OF OUR COMMUNITY IN SEVERAL WAYS FIRST, WE SYSTEMATICALLY COLLECT INFORMATION FROM OUR PATIENTS ABOUT BARRIERS TO GOOD HEALTH AND HEALTHCARE PRIMARY CARE PROVIDERS REGULARLY SCREEN PATIENTS FOR RISK FACTORS AND SOCIAL NEEDS, INCLUDING FOOD, MEDICATIONS, TRANSPORTATION, HOUSING, UTILITIES, AND SOCIAL ISOLATION THESE PATIENTS ARE REFERRED TO STAFF IN COMMUNITY HEALTH AND OUR AMBULATORY CHRONIC CARE TEAM, WHO REGULARLY COMPILE INFORMATION ABOUT PATIENT NEEDS AND ADDRESS GAPS IN COMMUNITY SERVICES SECOND, LG HEALTH SERVES AS THE LEAD ORGANIZATION OR A PARTNER ORGANIZATION IN MANY COMMUNITY COALITIONS, INCLUDING GROUPS FOCUSED ON FOOD INSECURITY, HOMELESSNESS, MENTAL HEALTH, OPIOID USE, TOBACCO USE, AFFORDABLE HOUSING, EARLY CHILD CARE, LEAD POISONING, AND MANY OTHER HEALTH AND SOCIAL ISSUES THESE COLLECTIVE IMPACT PARTNERSHIPS PROVIDE OPPORTUNITIES TO SHARE DATA, LEARN ABOUT COMMUNITY NEEDS FROM CROSS-SECTOR PARTNERS, AND IDENTIFY COMMUNITY CONCERNS ABOUT HEALTH ISSUES EARLY LG HEALTH REGULARLY PROVIDES COMMUNITY HEALTH DATA FOR THESE GROUPS TO ANALYZE NEEDS, TRACK PROGRESS, AND IDENTIFY OPPORTUNITIES TO IMPROVE HEALTH COLLABORATIVELY FINALLY, WE TRACK PROGRESS ON OUR COMMUNITY HEALTH IMPROVEMENT PLAN EACH MONTH, AND COMPLETE A FORMAL REPORT ANNUALLY TO ASSESS OUR PROGRESS ON OUR GOALS AND OBJECTIVES AS WE TRACK PROGRESS, WE CONTINUOUSLY REVIEW COMMUNITY HEALTH DATA TO DETERMINE IF NEW HEALTH ISSUES HAVE ARISEN AND IF NEW STRATEGIES ARE NEEDED OUR ANNUAL UPDATE PROVIDES AN OPPORTUNITY TO FORMALLY ADOPT NEW GOALS AND OBJECTIVES AND ADD THEM INTO OUR COMMUNITY HEALTH IMPROVEMENT PLAN AS NEW NEEDS EMERGE -----</p> <p>---</p>
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	<p>NOTICES OF AVAILABILITY OF CHARITY CARE AND FINANCIAL ASSISTANCE ARE POSTED AT PATIENT REGISTRATION POINTS THROUGHOUT THE ORGANIZATION AND PRESENTED TO CUSTOMERS UPON REQUEST AS WELL AS LISTED ON THEIR BILL SUMMARY INFORMATION IS ALSO AVAILABLE ON THE LANCASTER GENERAL HEALTH WEBSITE A FINANCIAL COUNSELOR WILL ATTEMPT TO VISIT ALL INPATIENTS WHO PRESENT AS UNINSURED TO DISCUSS ELIGIBILITY FOR ALL GOVERNMENTAL PROGRAMS AND FINANCIAL ASSISTANCE PROGRAMS -----</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	LANCASTER GENERAL HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS COMPRISE ALL OF LANCASTER COUNTY, PENNSYLVANIA LGH ALSO SERVES PATIENTS IN BERKS, CHESTER, DAUPHIN, LEBANON, AND YORK COUNTIES LOCATED IN SOUTH CENTRAL PENNSYLVANIA, LANCASTER COUNTY IS 950 SQUARE MILES IN SIZE AND IS HOME TO 540,689 PEOPLE ABOUT 17 1% OF THE POPULATION IS OVER THE AGE OF 64, 51 1% OF THE POPULATION IS FEMALE THE MEDIAN INCOME IS \$62,450, AND 10 4% OF THE POPULATION LIVES BELOW THE FEDERAL POVERTY LEVEL LANCASTER GENERAL HOSPITAL'S MARKET SHARE IN LANCASTER COUNTY IS APPROXIMATELY 57 2% -----
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	LANCASTER GENERAL HOSPITAL IS GOVERNED BY A BOARD OF SEVENTEEN (17) MEMBERS THREE MEMBERS ARE EMPLOYEES OF UPHS, TWELVE ARE COMMUNITY MEMBERS AND TWO ARE PHYSICIANS THEY VOLUNTEER THEIR PROFESSIONAL TIME AND EXPERTISE TO GUIDE THE HOSPITAL ALL MEMBERS ANNUALLY COMPLETE A CONFLICT OF INTEREST STATEMENT TO ENSURE THEIR OBJECTIVITY THE BOARD OF TRUSTEES OPERATES SEVEN COMMITTEES COMPRISED OF AN ADDITIONAL 30+ COMMUNITY MEMBERS THE COMMITTEES INCLUDE QUALITY, GOVERNANCE, MISSION & COMMUNITY BENEFIT, FINANCE/CAPITAL ALLOCATIONS, AUDIT & COMPLIANCE, EXECUTIVE, AND INVESTMENT SUBCOMMITTEE SURPLUS FUNDS GENERATED BY LANCASTER GENERAL HOSPITAL ARE ANNUALLY REINVESTED INTO IMPROVING ITS FACILITIES, PROVIDING NEW HEALTHCARE SERVICES AND ENHANCING THE PROFESSIONAL ABILITIES OF ITS WORKFORCE IN FISCAL YEAR 2019, THE HOSPITAL COMMITTED \$91 8 MILLION TO SPENDING FOR PROPERTY, PLANT AND EQUIPMENT ----- --

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 - DESCRIPTION OF AFFILIATED SYSTEM	<p>LANCASTER GENERAL HOSPITAL IS UNDER THE CONTROL OF ITS PARENT ORGANIZATION LANCASTER GENERAL HEALTH LANCASTER GENERAL HEALTH (EIN# 23-2250941) IS A NOT-FOR-PROFIT ORGANIZATION, WHICH PROVIDES MANAGERIAL AND FINANCIAL SUPPORT TO ITS CONTROLLED ORGANIZATION AND IS ALSO RESPONSIBLE FOR UNDERTAKING ACTIVITIES TO IMPROVE THE HEALTH OF THE COMMUNITY THE MULTIPLE AFFILIATES UNDER THE CONTROL OF LANCASTER GENERAL HEALTH IN ADDITION TO LANCASTER GENERAL HOSPITAL ARE LANCASTER GENERAL HEALTH-COLUMBIA CENTER (EIN# 23-0485650) WHICH IS A HEALTH CARE CLINIC THAT PROVIDES PRIMARY AND SPECIALTY MEDICAL SERVICES WHERE SERVICES ARE PROVIDED BY LICENSED PHYSICIANS AND OFFICE SPACE IS LEASED TO HEALTH CARE PROVIDERS AND OTHERS IN ADDITION, LANCASTER GENERAL HEALTH-COLUMBIA CENTER OFFERS PREVENTIVE, DIAGNOSTIC, AND THERAPEUTIC MEDICAL SERVICES TO PATIENTS ON AN OUTPATIENT BASIS LANCASTER GENERAL HEALTH FOUNDATION (EIN# 20-5767147) EXISTS TO ADVANCE THE CULTURE OF PHILANTHROPY WITHIN THE LANCASTER GENERAL HEALTH SYSTEM PENNSYLVANIA COLLEGE OF HEALTH SCIENCES (EIN# 06-1645496) EDUCATES COMPETENT, CARING AND SOCIALLY RESPONSIBLE INDIVIDUALS WHO CONTRIBUTE TO THE HEALTH OF THE COMMUNITY MRI GROUP, LLP (EIN# 33-1011386) WHICH PROVIDES MEDICAL SERVICES RELATING TO MAGNETIC RESONANCE IMAGING AND COMPUTER TOMOGRAPHY LANCASTER PET PARTNERSHIP, LLP (EIN# 23-3102793) WHICH PROVIDES MEDICAL SERVICES RELATING TO POSITRON EMISSION TOMOGRAPHY LANCASTER GENERAL HEALTH HOLDINGS INC 'S (EIN# 20-4943109) EXEMPT PURPOSE IS AN INVESTMENT IN A REHABILITATION HOSPITAL LANCASTER GENERAL MEDICAL GROUP (EIN# 23-2777286) WAS ORGANIZED TO DEVELOP, OWN, AND OPERATE OUTPATIENT HEALTHCARE PRACTICES WHERE PRIMARY AND SPECIALTY MEDICAL SERVICES ARE PROVIDED BY LICENSED PHYSICIANS THE HEART GROUP OF LANCASTER GENERAL HEALTH (EIN# 30-0634510) PROVIDES SPECIALTY CARDIOLOGY HEALTHCARE SERVICES LG HEALTH COMMUNITY CARE COLLABORATIVE, LLC (EIN# 45-5542179) IS AN ACCOUNTABLE CARE ORGANIZATION NOVASTREAM, LLC (47-5202972) WHOSE PRIMARY ACTIVITY IS TELECOMMUNICATIONS THE NEUROSPINE CENTER, LLC (20-8626731) WAS FORMED TO OWN AND OPERATE A NEUROLOGICAL SURGERY CENTER OTHER AFFILIATES OF LANCASTER GENERAL HEALTH INCLUDE LANCASTER GENERAL INSURANCE COMPANY, LTD AND LANCASTER GENERAL BUSINESS TRUST AND ITS SUBSIDIARIES IN ADDITION, LANCASTER GENERAL HOSPITAL IS AN AFFILIATE OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM -----</p>
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT	<p>LANCASTER GENERAL HOSPITAL ISSUES AN ANNUAL REPORT WHICH INCLUDES INFORMATION ABOUT COMMUNITY BENEFIT AND HEALTH EFFORTS THIS REPORT IS NOT FILED WITH THE STATE OF PENNSYLVANIA -----</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI - ADDITIONAL EXPLANATION	LANCASTER GENERAL HOSPITAL PROVIDED FINANCIAL SUPPORT TO THE CITY OF LANCASTER (EIN 23-6001904) IN THE AMOUNT OF \$1,509,000 THE USAGE OF THESE FUNDS IS UNRESTRICTED AND PROVIDED ASSISTANCE TO THE CITY FOR SPECIAL EVENTS AND ITS POLICE, FIRE, AND PUBLIC WORKS SERVICES LANCASTER GENERAL HOSPITAL ALSO MADE PILOT PAYMENTS TO THE FOLLOWING HEMPFIELD SCHOOL DISTRICT (EIN 23-6050540) IN THE AMOUNT OF \$40,000, CITY OF LANCASTER (EIN 23-6001904) IN THE AMOUNT OF \$8,010, AND EAST HEMPFIELD TOWNSHIP (EIN 23-6000356) IN THE AMOUNT OF \$2,830 -----

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-1365353  
**Name:** LANCASTER GENERAL HOSPITAL

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>2</b>											
1	LANCASTER GENERAL HOSPITAL 555 NORTH DUKE STREET PO BOX 3555 LANCASTER, PA 176043555 WWW.LGHEALTH.ORG LICENSE# 120801	X	X		X		X	X			A
2	WOMEN AND BABIES HOSPITAL 690 GOOD DRIVE PO BOX 3750 LANCASTER, PA 176043750 WWW.LGHEALTH.ORG LICENSE# 120801	X	X		X						A

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5 - INPUT FROM COMMUNITY	<p>PENN MEDICINE LG HEALTH CONDUCTED A SURVEY IN SUMMER 2018 OF KEY STAKEHOLDERS AND COMMUNIT Y MEMBERS AT SELECTED COMMUNITY EVENTS TO GATHER INPUT ABOUT PERCEIVED COMMUNITY HEALTH NE EDS AND BARRIERS TO GOOD HEALTH A TOTAL OF 258 SURVEY RESPONSES WERE COLLECTED FROM COMMU NITY MEMBERS WHO TOOK THE SURVEY ONLINE OR AT LOCAL EVENTS THE GOAL OF THE SURVEY WAS TO SAMPLE FROM SELECTED LOCATIONS, ORGANIZATIONS, AND COALITIONS TO GATHER FEEDBACK FROM TRAD ITIONALLY MARGINALIZED COMMUNITIES, INCLUDING PEOPLE OF COLOR, PEOPLE OF HISPANIC/LATINO E THNICITY, AND INDIVIDUALS WHO IDENTIFY AS GAY, LESBIAN, BISEXUAL, AND/OR TRANSGENDER IN A DDITION, LANCASTER GENERAL HOSPITAL, LANCASTER BEHAVIORAL HEALTH HOSPITAL, LANCASTER REHAB ILITATION HOSPITAL, WELLSPAN EPHRATA COMMUNITY HOSPITAL AND UPMC PINNACLE JOINTLY HOSTED A COMMUNITY STAKEHOLDER FORUM ON DECEMBER 17, 2018 THE THREE PRIMARY GOALS OF THE FORUM WE RE TO (1) EXPLAIN THE CHNA PROCESS AND THE ROLE OF COMMUNITY STAKEHOLDERS, (2) PRESENT TH E ANALYTIC FRAMEWORK AND PRELIMINARY COMMUNITY HEALTH DATA INCLUDED IN THIS SUMMARY, AND ( 3) GATHER INPUT FROM COMMUNITY STAKEHOLDERS, PARTICULARLY THOSE WITH PUBLIC HEALTH EXPERTI SE AND INDIVIDUALS AND ORGANIZATIONS SERVING MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORI TY POPULATIONS IN LANCASTER COUNTY ABOUT COMMUNITY HEALTH NEEDS AND COMMUNITY RESOURCES A FTER A BRIEF PRESENTATION OF COMMUNITY HEALTH DATA, ATTENDEES ANSWERED TWO SPECIFIC QUESTI ONS WHAT ARE THE MOST IMPORTANT HEALTH NEEDS IN OUR COMMUNITY AND WHICH HEALTH NEEDS HAVE FEASIBLE COMMUNITY SOLUTIONS? A TOTAL OF 99 INDIVIDUALS ATTENDED THE COMMUNITY FORUM AND PROVIDED INPUT THE PARTICIPANTS REPRESENTED DIVERSE SECTORS, INCLUDING HEALTHCARE, SOCIAL SERVICES, EDUCATION, PUBLIC HEALTH, ECONOMIC AND COMMUNITY DEVELOPMENT, GOVERNMENT, HOUSI NG, FOOD ACCESS, PHILANTHROPY, EARLY CHILD DEVELOPMENT, HIGHER EDUCATION, AGING AND DISABI LITY SERVICES, AND OTHERS THE FOLLOWING ORGANIZATIONS WERE REPRESENTED AT THE STAKEHOLDER FORUM WELLSPAN HEALTH, EPHRATA AREA SOCIAL SERVICE, OFFICE OF U S SENATOR PAT TOOMEY, P ARTNERSHIP FOR PUBLIC HEALTH, FAMILY FIRST HEALTH, LANCASTER EQUITY COMMUNITY DEVELOPMENT CORPORATION, LANCASTER RECREATION COMMISSION, PENN MEDICINE LANCASTER GENERAL HEALTH, FRAN KLIN &amp; MARSHALL COLLEGE, NORTHERN LANCASTER HUB, BENECON, SOLANCO HIGH SCHOOL, CITY OF LAN CASTER, ASSETS, SCHOOL DISTRICT OF LANCASTER, LANCASTER HOUSING OPPORTUNITY PARTNERSHIP, M ALVERN INSTITUTE, FULTON FINANCIAL, HIGHMARK BLUE SHIELD, RASE PROJECT, COMMUNITY BASICS, INC, LANCASTER COUNTY DISTRICT ATTORNEY'S OFFICE, HOUSING DEVELOPMENT CORPORATION MIDATLAN TIC, COLAB, INC , YWCA LANCASTER, DOMESTIC VIOLENCE SERVICES OF LANCASTER COUNTY, COMPASS MARK, CHI ST JOSEPH CHILDREN'S HEALTH, HDC MIDATLANTIC, UNITED WAY OF LANCASTER COUNTY, C ENTRAL PENN BUSINESS GROUP ON HEALTH, ECHOS, COBYS FAMILY SERVICES, WATER STREET HEALTH SE RVICES, LANCASTER COUNTY DEVELOPMENT BOARD, MENTAL HEALTH AMERICA OF LANCASTER COUNTY, PEN NSYLVANIA LINK TO AGING AND DI</p>



**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 5 - INPUT FROM COMMUNITY	SABILITY RESOURCES, COMMUNITY ACTION PARTNERSHIP, MHA, LANCASTER FAMILY YMCA, PA COLLEGE O F HEALTH SCIENCES, UPMC PINNACLE, CENTRAL PENNSYLVANIA FOOD BANK, LANCASTER CO PHARMACISTS ASSN, BOYS & GIRLS CLUB OF LANCASTER, PENN STATE EXTENSION, MEALS ON WHEELS, LANCASTER CI TY HOUSING AUTHORITY, LANCASTER COUNTY DRUG & ALCOHOL COMMISION, TEAM RIVER RUNNER, LANCAS TER HEALTH CENTER, UNITED DISABILITIES SERVICES (UDS) FOUNDATION, PENN STATE HEALTH, SACA, LANCASTER BEHAVIORAL HEALTH HOSPITAL, COMMUNITY FIRST FUND, HACC-LANCASTER, COLUMBIA LIFE NETWORK, WILSON500, INC , THE FACTORY MINISTRIES -----

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 6a - JOINT CHNA	THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED JOINTLY BY LANCASTER GENERAL HOSPITAL, LANCASTER BEHAVIORAL HEALTH HOSPITAL, LANCASTER REHABILITATION HOSPITAL LLC, WELLSPAN EPHRATA COMMUNITY HOSPITAL AND UPMC PINNACLE (NOW UPMC LITITZ) ----- -----

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 6b - CHNA CONDUCTED WITH NON-HOSPITAL FACILITIES	THE CHNA DATA ANALYSIS AND REPORT WAS CONDUCTED WITH ASSISTANCE FROM THE CENTER FOR OPINION RESEARCH AT FRANKLIN & MARSHALL COLLEGE -----

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 - ADDRESSING NEEDS	<p>THE CHNA IDENTIFIED FOUR TOP SIGNIFICANT COMMUNITY HEALTH NEEDS 1) ESTABLISHING AND MAINTAINING THE BASIC CONDITIONS THAT SUPPORT HEALTH, INCLUDING ACCESS TO CARE, FAMILY-SUSTAINING INCOMES, ACCESSIBLE TRANSPORTATION, AFFORDABLE AND QUALITY HOUSING, VIOLENCE REDUCTION, AND REDUCTION IN EXPOSURE TO ADVERSE CHILDHOOD EXPERIENCES, 2) ADVOCATING FOR IMPROVEMENTS TO THE COUNTY'S PHYSICAL ENVIRONMENT, EMPHASIZING IMPROVED AIR AND WATER QUALITY, 3) SUPPORTING IMPROVED MENTAL HEALTH INCLUDING REDUCING AND TREATING SUBSTANCE USE, AND 4) SUPPORTING ACTIVE LIVING, HEALTHY EATING, AND LESS OBESITY THE CHNA ALSO SHOWED THAT SOME GROUPS IN LANCASTER COUNTY ARE AT GREATER RISK FOR HEALTH PROBLEMS BECAUSE OF THEIR RACE, INCOME, PHYSICAL ENVIRONMENT, AND EXPERIENCES OF NEGLECT, ABUSE, AND DISCRIMINATION THE COMMUNITY HEALTH IMPROVEMENT PLAN FOCUSES ON THESE PHYSICAL AND SOCIAL CONDITIONS TO IMPROVE COMMUNITY HEALTH OUTCOMES, REDUCE HEALTH DISPARITIES, AND DECREASE UNNECESSARY DEMAND ON HEALTHCARE SYSTEMS TO ADDRESS THESE NEEDS, LG HEALTH HAS ADOPTED AN ANCHOR MISSION AND PLANS TO LAUNCH AN IMPACT PURCHASING PROGRAM TO INCREASE SPENDING WITH SOCIALLY RESPONSIBLE LOCAL BUSINESSES AND DEVELOP A PLAN TO INCREASE THE DIVERSITY OF ITS WORKFORCE WE ALSO PLAN TO INCREASE ACCESS TO FREE AND LOW-COST HEALTHCARE SERVICES THROUGH SCHOOL-BASED HEALTH CLINICS, CANCER SCREENING PROGRAMS, DENTAL CARE, AND THE CHILDPROTECT VACCINATION PROGRAM TO IMPROVE THE PHYSICAL ENVIRONMENT, WE PLAN TO DEVELOP A FEASIBILITY ASSESSMENT AND PLAN TO REDUCE EXPOSURE TO LEAD IN RESIDENTIAL PROPERTIES THROUGHOUT THE COUNTY AND PREVENT CHILDHOOD LEAD POISONING WE ALSO HAVE AMBITIOUS GOALS TO REDUCE CARBON EMISSIONS FROM OUR FACILITIES BY 20% AND USE LANDSCAPING PRACTICES THAT SUPPORT A HEALTHY WILDLIFE ENVIRONMENT TO ADDRESS MENTAL HEALTH NEEDS, WE PLAN TO IMPLEMENT POLICIES AND PROCEDURES TO BECOME A TRAUMA-INFORMED HEALTH SYSTEM AND TRAIN INDIVIDUALS AND ORGANIZATIONS ABOUT RECOGNIZING AND RESPONDING TO TRAUMA AND ADVERSE CHILDHOOD EXPERIENCES IN ADDITION, WE WILL INCREASE ACCESS TO TREATMENT SERVICES FOR MENTAL HEALTH AND SUBSTANCE USE AND EXPAND THE USE OF EVIDENCE-BASED PRACTICES, SUCH AS MEDICATION ASSISTED TREATMENT AND NALOXONE FOR OPIOID OVERDOSE EMERGENCIES FINALLY, TO CREATE AN ENVIRONMENT THAT SUPPORTS HEALTHY EATING, WE WILL WORK WITH COMMUNITY PARTNERS TO EDUCATE MUNICIPALITIES ABOUT CREATING A SAFE ENVIRONMENT FOR WALKING AND BICYCLING IN LANCASTER COUNTY AND WILL INCREASE THE NUMBER OF LG HEALTH EMPLOYEES USING ENVIRONMENTALLY-FRIENDLY TRANSPORTATION WE ALSO PLAN TO INCREASE ACCESS TO HEALTHY FOOD FOR PEOPLE WHO ARE FOOD INSECURE BY CONTINUING A MOBILE FRESH FOOD PANTRY IN LOW-INCOME NEIGHBORHOODS AND EXPANDING A "FOOD PHARMACY" PROGRAM TO PROVIDE FREE HEALTHY GROCERIES TO THOSE IN NEED -----</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7A - CHNA AVAILABILITY	THE CHNA REPORT CAN BE FOUND AT <a href="https://www.lancastergeneralhealth.org/about-lancaster-general-health/caring-for-our-community/needs-assessment-and-improvement-plan/community-improvement-dashboards">HTTPS //WWW LANCASTERGENERALHEALTH ORG/ABOUT-LANCASTER-GENERAL-HEALTH/CARI NG-FOR-OUR-COMMUNITY/NEEDS-ASSESSMENT-AND-IMPROVEMENT-PLAN/COMMUNITY-IMPRO VEMENT-DASHBOARDS</a> ----- PART V, SECTION B, LINE 9 (TAX YEAR THE MOST RECENT IMP STRATEGY WAS ADOPTED) THE ORGANIZATION'S MOST RECENT IMPLEMENTATION STRATEGY WAS ADOPTED BY 11/15/2019, AS PERMITTED UNDER THE REGULATIONS -----

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 10A - IMPLEMENTATION PLAN AVAILABILITY	THE MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY CAN BE FOUND AT HTTPS //WWW LANCASTERGENERALHEALTH ORG/ABOUT-LANCASTER-GENERAL-HEALTH/CARI NG-FOR-OUR- COMMUNITY/NEEDS-ASSESSMENT-AND-IMPROVEMENT-PLAN/COMMUNITY-IMPRO VEMENT-DASHBOARDS ----- -----

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A,B,C - FINANCIAL ASSISTANCE POLICY AVAILABILITY	A COPY OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE ACCESSED AT <a href="https://www.lancastergeneralhealth.org/patient-and-visitor-information/patient-information/billing-insurance-and-pricing/financial-assistance">HTTPS //WWW LANCASTERGENERALHEALTH ORG/PATIENT-AND-VISITOR-INFORMATION/PAT IENT-INFORMATION/BILLING-INSURANCE-AND-PRICING/FINANCIAL-ASSISTANCE -----</a> -----

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 7B - CHNA AVAILABILITY	IN ADDITION TO THE LANCASTER GENERAL HOSPITAL WEBSITE, THE CHNA REPORT CAN FOUND AT HTTPS //WWW LIVEWELLLANCASTER ORG/ -----



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7D - CHNA AVAILABILITY	WHEN THE CHNA REPORT WAS COMPLETED AND POSTED ONLINE, LG HEALTH MAILED A POSTCARD PROMOTING THE REPORT TO ALL OF THE COMMUNITY PARTNER ORGANIZATIONS THAT ATTENDED THE STAKEHOLDER FORUM WE ALSO DISTRIBUTE THESE POSTCARDS REGULARLY AT COMMUNITY EVENTS -----

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 20 A,D - ECA & PRESUMPTIVE ELIGIBLE DETERMINATIONS	LANCASTER GENERAL HOSPITAL DOES NOT PERFORM EXTRAORDINARY COLLECTION ACTIONS OR MAKE PRESUMPTIVE ELIGIBILITY DETERMINATIONS -----

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
1 SUBURBAN OUTPATIENT PAVILION 2100 HARRISBURG PIKE PO BOX 3200 LANCASTER, PA 17604	OUTPATIENT SERVICES
1 DOWNTOWN OUTPATIENT PAVILION 540 NORTH DUKE STREET LANCASTER, PA 17604	OUTPATIENT SERVICES
2 KISSEL HILL OUTPATIENT CENTER 51 PETERS ROAD LITITZ, PA 17543	OUTPATIENT SERVICES
3 WILLOW LAKES OUTPATIENT CENTER 212 WILLOW VALLEY LAKES DRIVE WILLOW STREET, PA 17584	OUTPATIENT SERVICES
4 NORLANCO OUTPATIENT CENTER 424 CLOVERLEAF ROAD ELIZABETHTOWN, PA 17022	OUTPATIENT SERVICES
5 COLUMBIA OUTPATIENT CENTER 306 NORTH SEVENTH STREET PO BOX 92 COLUMBIA, PA 17512	OUTPATIENT SERVICES
6 WOMEN'S OUTPATIENT CENTER 690 GOOD DRIVE LANCASTER, PA 17604	OUTPATIENT SERVICES
7 LANCASTER GENERAL HEALTH CTR-PARKESBURG 950 S OCTORARA TRAIL PARKESBURG, PA 19365	OUTPATIENT SERVICES
8 LANCASTER GENERAL HEALTH CENTER LEBANON 1701 CORNWALL ROAD LEBANON, PA 17042	OUTPATIENT SERVICES
9 WALTER L AUMENT FAMILY HEALTH CENTER 317 SOUTH CHESTNUT STREET QUARRYVILLE, PA 17566	OUTPATIENT SERVICES
10 EPHRATA URGENT CARE & OUTPATIENT SERVICE 895 EAST MAIN STREET EPHRATA, PA 17522	OUTPATIENT SERVICES
11 FAMILY MEDICINE MANHEIM 700 LANCASTER ROAD MANHEIM, PA 17545	OUTPATIENT SERVICES
12 ANN B BARSHINGER CANCER INSTITUTE 2102 HARRISBURG PIKE LANCASTER, PA 17604	OUTPATIENT SERVICES
13 CROOKED OAK OUTPATIENT CENTER 1671 CROOKED OAK DRIVE LANCASTER, PA 17601	OUTPATIENT SERVICES
14 EDEN PHYSICAL THERAPY 730 EDEN ROAD LANCASTER, PA 17601	OUTPATIENT SERVICES

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>16</b> FAMILY MEDICINE COUNTY LINE 5360 LINCOLN HIGHWAY GAP, PA 17527	OUTPATIENT SERVICES
<b>1</b> LG SPECIALTY CENTER AT EPHRATA 1261 DIVISION HIGHWAY SUITE 2 EPHRATA, PA 17522	OUTPATIENT SERVICES

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
LANCASTER GENERAL HOSPITAL

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Employer identification number

23-1365353

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 16

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS AWARDED	17	16,500			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART 1, LINE 2	PROCEDURES FOR MONITORING GRANT FUNDS CONTRIBUTIONS MADE BY LANCASTER GENERAL HOSPITAL MUST MEET THE FOLLOWING CRITERIA SET FORTH BY THE MISSION AND COMMUNITY BENEFIT COMMITTEE 1) GAPS IN HEALTHCARE SERVICES WILL BE REDUCED, 2) RESOURCES WILL BE DIRECTED TO DESIGNATED PRIMARY AND SECONDARY HEALTH PRIORITIES, HEALTH PROMOTION, AND PREVENTION INITIATIVES, 3) INITIATIVES WILL DRIVE COST-EFFECTIVE, COMMUNITY CARE/INTERVENTIONS THAT PROMOTE HEALTH AND WELL-BEING OF OUR COMMUNITY, 4) INITIATIVES WILL BE RESPONSIVE TO THE NEEDS OF SPECIAL/DISPARATE POPULATIONS, 5) ENDOWMENT OR CAPITAL CAMPAIGN REQUESTS WILL NOT BE FINANCIALLY SUPPORTED, 6) ONLY TAX EXEMPT ORGANIZATIONS AND GOVERNMENTAL INITIATIVES AT THE LOCAL LEVEL THAT RELATE TO LANCASTER HOSPITAL'S MISSION WILL BE SUPPORTED, AND 7) ONGOING DEFICIT FUNDING WILL NOT BE PROVIDED UNLESS FUNDAMENTAL TO A LANCASTER GENERAL HOSPITAL HEALTH PRIORITY AND/OR THE CARE OF THE MEDICALLY UNDERSERVED SCHOLARSHIPS AND LOANS ARE AWARDED TO STUDENTS AT THE PENNSYLVANIA COLLEGE OF HEALTH SCIENCES ON A NON-DISCRIMINATORY BASIS THE SCHOLARSHIPS AND LOANS ARE BASED ON FINANCIAL NEED, ACADEMIC PROGRESS, AND CLINICAL PERFORMANCE

Additional Data

Software ID:  
Software Version:  
EIN: 23-1365353  
Name: LANCASTER GENERAL HOSPITAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF LANCASTER 39 W CHESTNUT STREET PO BOX 1020 LANCASTER, PA 17608	23-6001904	GOV ENTITY	1,509,000				SUPPPORT PROGRAM SERVICE
COMMUNITY ACTION PROGRAM 601 S QUEEN STREET LANCASTER, PA 17603	23-1667311	501 (C)(3)	8,000				SUPPORT PROGRAM SVC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTY OF LANCASTER 39 W CHESTNUT STREET LANCASTER, PA 17608	23-6001904	GOV ENTITY	8,010				SUPPORT PROGRAM SVC
EDWARD HAND MEDICAL HERITAGE FOUNDATION PO BOX 10302 LANCASTER, PA 17603	22-2464097	501 (C)(3)	25,000				SUPPORT PROGRAM SVC



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION OF THE LANCASTER CHAMBER PO BOX 1558 LANCASTER, PA 176081558	22-2608944	501 (C)(3)	100,000				SUPPORT PROGRAM SVC
GIRLS ON THE RUN OF LANCASTER PO BOX 262 LANDIVILLE, PA 17538	27-0200927	501 (C)(3)	7,500				SUPPORT PROGRAM SVC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEMPFIELD SCHOOL DISTRICT PO BOX 7596 LANCASTER, PA 17604	23-6050540	501 (C)(3)	40,000				SUPPORT PROGRAM SVC
LANCASTER CITY AND COUNTY MEDICAL SOCIETY PO BOX 10963 LANCASTER, PA 176051096	23-6449979	501 (C)(3)	15,000				SUPPORT PROGRAM SVC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LANCASTER CITY ALLIANCE 354 N PRINCE STREET 110 LANCATER, PA 17603	46-3353021	501 (C)(3)	160,000				SUPPORT PROGRAM SVC
LANCASTER HEALTH CENTER 304 N WATER STREET LANCASTER, PA 17603	23-2160896	501 (C)(3)	210,000				SUPPORT PROGRAM SVC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEBANON VALLEY COLLEGE 101 NORTH COLLEGE AVENUE ANNVILLE, PA 17003	23-1352354	501 (C)(3)	50,000				SUPPORT PROGRAM SVC
ROHRERSTOWN FIRE COMPANY 500 ELIZABETH STREET LANCASTER, PA 17603	23-7197558	501 (C)(3)	10,000				SUPPORT PROGRAM SVC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOL DISTRICT OF LANCASTER 1020 LEHIGH AVENUE LANCASTER, PA 17602	23-1726414	501 (C)(3)	1,411,169				SUPPORT PROGRAM SVC
THE FOUNDATION OF THE PA MEDICAL SOCIETY 777 EAST PARK DRIVE HARRISBURG, PA 171058820	23-1511600	501 (C)(3)	9,500				SUPPORT PROGRAM SVC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HEALTH CARE IMPROVEMENT FOUNDATION 1801 MARKET STREET SUITE 710 PHILADELPHIA, PA 19103	23-2152039	501 (C)(3)	20,000				SUPPORT PROGRAM SVC
UNITED WAY OF LANCASTER COUNTY 630 JANET AVENUE LANCASTER, PA 17601	23-1352093	501 (C)(3)	101,143				SUPPORT PROGRAM SVC

## Compensation Information

# 2018

**Open to Public Inspection**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Employer identification number

23-1365353

## Part I Questions Regarding Compensation

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART 1, LINE 1A	DETAIL OF ADDITIONAL BENEFITS PROVIDED TAX IDEMNIFICATION AND GROSS UP PAYMENTS LANCASTER GENERAL HOSPITAL PROVIDES GROSS-UP PAYMENTS TO EMPLOYEES WHEN THEY RECEIVE HOLIDAY GIFT CARDS AS TO PROVIDE TAX ASSISTANCE IN THAT NO TAX BURDENS ARE CREATED WITH THE INTENDED GIFT. HOLIDAY GIFT CARDS IN THE AMOUNT OF \$15 PER EMPLOYEE WERE GIVEN DURING THE 2018 TAX YEAR. -----

Return Reference	Explanation
SCHEDULE J, PART 1, LINE 1B	WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF EXPENSES THERE ARE CURRENTLY NO WRITTEN POLICIES IN PLACE FOR GROSS UP PAYMENTS, TRAVEL FOR COMPANIONS OR HOUSING ALLOWANCE -----

Return Reference	Explanation
SCHEDULE J, PART 1, LINE 3	<p>COMPENSATION LANCASTER GENERAL HEALTH'S EXECUTIVE COMPENSATION PROCESS INCLUDES THE FOLLOWING REVIEW AND ACTION BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES WHICH IS COMPRISED OF INDEPENDENT TRUSTEES AN EVALUATION OF PERFORMANCE AGAINST GOALS IS CONDUCTED AT THE CLOSE OF A FISCAL YEAR TO DETERMINE THE LEVEL OF ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OF THE CEO AND SENIOR EXECUTIVES AS TO DETERMINE MERIT AND INCENTIVE PAY ACTIONS MARKET DATA FOR BASE SALARY, TOTAL CASH COMPENSATION AND TOTAL COMPENSATION IS PROVIDED BY AN INDEPENDENT THIRD PARTY TO THE COMMITTEE AND REFLECTS A MARKET BASKET OF SIMILARLY SIZED ORGANIZATIONS WITH COMPARABLE EXECUTIVE POSITIONS UPON REVIEW AND DISCUSSION OF THE RELATED DATA AND INFORMATION THE COMMITTEE TAKES ACTION WHICH IS RECORDED IN THE MEETING MINUTES WHICH ARE THEN FILED FOR FUTURE REFERENCE -----</p>

Return Reference	Explanation
SCHEDULE J, PART 1, LINE 4A	SEVERANCE AND CHANGE OF CONTROL PAYMENTS THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A RECEIVED SEVERANCE PAYMENTS DURING THE 2018 CALENDAR YEAR    DUKE II, LEE M    \$244,241 -----

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	<p>SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN THE LANCASTER GENERAL HEALTH SERP PLAN DURING THE YEAR AND/OR RECEIVED EMPLOYER PAID AMOUNTS DURING THE YEAR BEEMAN, THOMAS E \$834,638 BERGAN, JAN L \$1,208,904 COSTELLA, MARGARET F NO DISTRIBUTION DAVIDSON, GARY NO DISTRIBUTION DUKE, LEE M II \$1,457,661 EDDOWES, GEOFFREY W NO DISTRIBUTION FERDINAND, NORMA J \$236,437 FOLEY, T RAYMOND \$874,332 MACINA, ROBERT P NO DISTRIBUTION MCCUNE, WILLIAM \$75,003 MINGLE, REGINA M \$125,036 RIPCHINSKI, MICHAEL R NO DISTRIBUTION ROLDAN, LANYCE A NO DISTRIBUTION STUCCIO, JAMES A NO DISTRIBUTION WYNNE, SUSAN NO DISTRIBUTION YOUCIS, STACEY G NO DISTRIBUTION THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM (THE "HEALTH SYSTEM") MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") DESIGNED FOR SENIOR ADMINISTRATORS OF THE HEALTH SYSTEM, AS DESIGNATED BY THE BOARD OF TRUSTEES, WHO ARE ACTIVELY EMPLOYED BY THE HEALTH SYSTEM WHEN THE CONTRIBUTIONS ARE MADE VESTING IN THE SERP OCCURS AFTER EACH THREE YEARS OF PARTICIPATION AND UPON THE OCCURRENCE OF CERTAIN EVENTS (ATTAINMENT OF AGE 65, DEATH, DISABILITY, OR INVOLUNTARY TERMINATION WITHOUT "CAUSE") CONTRIBUTIONS FOR THOSE WHO HAVE REACHED AGE 65 WILL BE FULLY VESTED WHEN MADE UPON REACHING A VESTING DATE, PARTICIPANTS WILL AUTOMATICALLY RECEIVE A FULL DISTRIBUTION WHICH IS TAXABLE AS EARNED INCOME PARTICIPANTS WHO VOLUNTARILY TERMINATE BEFORE VESTING WILL FORFEIT THE BALANCE IN THEIR ACCOUNTS THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN THE HEALTH SYSTEM SERP PLAN DURING THE YEAR AND/OR RECEIVED EMPLOYER PAID AMOUNTS DURING THE YEAR BEEMAN, THOMAS E NO DISTRIBUTION MULLER, RALPH W NO DISTRIBUTION KASPER, KEITH \$159,471 MINGLE,REGINA \$84,460 BERGEN, JAN \$150,000 -----</p> <p>-----</p>

Return Reference	Explanation
SCHEDULE J, PART 1, LINE 7	NON FIXED PAYMENTS THE PURPOSE OF THE LANCASTER GENERAL HEALTH (LG) ANNUAL INCENTIVE PLAN (THE PLAN) IS TO REINFORCE STRATEGIC PERFORMANCE PRIORITIES FOR SENIOR MANAGEMENT AND MANAGEMENT EMPLOYEES AND TO ENCOURAGE THE HIGHEST LEVEL OF PERFORMANCE IN THE DELIVERY OF HEALTHCARE SERVICES AS A REWARD FOR EMPLOYEES' CONTRIBUTIONS TO LANCASTER GENERAL HEALTH'S SUCCESS, THE PLAN PROVIDES THE OPPORTUNITY TO EARN MEANINGFUL INCENTIVE COMPENSATION BASED ON THE PERFORMANCE OF LANCASTER GENERAL HEALTH AND THE INDIVIDUAL PARTICIPANTS SPECIFICALLY, THE PLAN IS DESIGNED TO *FOCUS PARTICPANTS ON THE ACHIEVEMENT OF ORGANIZATION GOALS RELATED TO PEOPLE, SERVICE, QUALITY/SAFETY, FINANCIAL AND GROWTH, *PROMOTE AND FOSTER A TEAM ORIENTED CULTURE, *STRENGTHEN LANCASTER GENERAL HEALTH'S ABILITY TO ATTRACT AND RETAIN SUPERIOR TALENT, RECOGNIZE AND REWARD ACCOMPLISHMENTS THAT CLEARLY ADVANCE THE ORGANIZATION'S MISSION, AND DRIVE STRATEGIES, *PROVIDE INCENTIVE AWARDS THAT CAN BE ADJUSTED ANNUALLY FOR DIFFERENT BUSINESS CONDITIONS AND BUSINESS PLAN PRIORITIES WITHOUT CHANGING BASIC DESIGN FEATURES OF THE PLAN, AND *PROVIDE ANNUAL INCENTIVE OPPORTUNITIES WITH DUE CONSIDERATION TO THE REQUIREMENTS OF THE INTERMEDIATE SANCTIONS LAW AND THE REGULATIONS THERE UNDER -----



Additional Data

Software ID:  
Software Version:  
EIN: 23-1365353  
Name: LANCASTER GENERAL HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Frederick C Beyer III MD Trustee	(i)	0	0	0	0	0	0	0
	(ii)	371,374	41,800	8,034	24,750	13,713	459,671	0
Keith Kasper Trustee	(i)	0	0	0	0	0	0	0
	(ii)	675,737	104,683	570,135	154,601	27,741	1,532,897	159,471
Ralph W Muller Trustee	(i)	0	0	0	0	0	0	0
	(ii)	1,724,822	842,470	34,292	510,330	14,362	3,126,276	0
Jan L Bergen President & CEO, LG Health	(i)	403,850	250,000	1,222,913	13,289	4,192	1,894,244	832,827
	(ii)	355,385	0	12,483	150,000	3,185	521,053	0
Kay Brady VP, Human Resources	(i)	202,005	41,602	5,030	9,896	13,574	272,107	0
	(ii)	0	0	0	0	0	0	0
F Joseph Byorick III SVP, CFO	(i)	480,146	135,844	21,170	10,407	7,220	654,787	0
	(ii)	0	0	0	0	0	0	0
Margaret F Costella Esq SVP, Legal Svcs, Gen Counsel	(i)	278,082	79,220	5,020	12,868	2,351	377,541	0
	(ii)	0	0	0	0	0	0	0
Gary Davidson SVP and CIO	(i)	456,885	144,319	15,778	32,250	16,574	665,806	0
	(ii)	0	0	0	0	0	0	0
Geoffrey W Eddowes SVP, WBH	(i)	305,480	78,325	4,920	13,750	16,477	418,952	0
	(ii)	0	0	0	0	0	0	0
Norma J Ferdinand SVP, Quality & Perf Improvemen	(i)	331,697	93,486	283,395	13,750	8,810	731,138	160,841
	(ii)	0	0	0	0	0	0	0
T Raymond Foley President, Physician Services	(i)	0	0	0	0	0	0	0
	(ii)	639,699	167,453	897,956	10,585	16,113	1,731,806	0
Jennifer L Groff VP Organizational Advancement	(i)	0	0	0	0	0	0	0
	(ii)	207,187		1,172	8,651	7,184	224,194	0
Alexandra Jorgensen Chief HR Officer	(i)	239,030	89,688	819	10,367	16,194	356,098	0
	(ii)	0	0	0	0	0	0	0
Elizabeth D Katz VP, Risk Mgmt & Corp Complianc	(i)	177,960	28,304	1,054	10,313	9,511	227,142	0
	(ii)	0	0	0	0	0	0	0
Denise A Kennedy VP, Financial Services	(i)	209,187	33,719	2,045	12,146	6,971	264,068	0
	(ii)	0	0	0	0	0	0	0
Robert P Macina Esq EVP, Chief Admin Officer	(i)	477,815	124,712	19,542	13,750	14,306	650,125	0
	(ii)	0	0	0	0	0	0	0
Edward Maloney VP, Information Tech Operation	(i)	251,930	44,127	6,504	12,909	13,985	329,455	0
	(ii)	0	0	0	0	0	0	0
William McCune SVP Hospital Operations	(i)	296,288	75,171	97,806	13,750	16,367	499,382	0
	(ii)	0	0	0	0	0	0	0
Tammy L Ober VP, Hospital Operations	(i)	257,134	43,370	3,792	13,750	20,224	338,270	0
	(ii)	0	0	0	0	0	0	0
Richard D Paoletti VP, Primary Care & Ambulatory	(i)	281,706	51,341	1,917	13,750	16,360	365,074	0
	(ii)	0	0	0	0	0	0	0



Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Sean P Reynolds VP, Operations Physician Svcs	(i)	0	0	0	0	0	0	0
	(ii)	205,646	30,678	775	9,832	15,859	262,790	0
Douglas W Rinehart VP, Controller	(i)	217,674	39,946	7,963	11,635	15,990	293,208	0
	(ii)	0	0	0	0	0	0	0
Michael R Ripchinski Chief Clinical Officer	(i)	381,226	99,712	8,028	13,750	16,574	519,290	0
	(ii)	0	0	0	0	0	0	0
Lanyce A Roldan SVP & Chief Nursing Executive	(i)	263,635	60,060	7,190	12,949	14,310	358,144	0
	(ii)	0	0	0	0	0	0	0
Christine M Stabler MD VP, Academic Affairs	(i)	357,438	66,460	7,542	11,979	14,246	457,665	0
	(ii)	0	0	0	0	0	0	0
Cynthia J Stauffer VP, Epic & Clinical Apps	(i)	186,118	32,363	4,076	10,924	6,962	240,443	0
	(ii)	0	0	0	0	0	0	0
James A Stuccio SVP, Ambulatory & Phys Svcs	(i)	0	0	0	0	0	0	0
	(ii)	464,940	130,552	19,918	13,750	16,574	645,734	0
Susan Wynne SVP, Business Dev & Planning	(i)	340,011	97,371	9,162	12,509	7,627	466,680	0
	(ii)	0	0	0	0	0	0	0
Stacey G Youcis SVP Svc Lines/Population Hlth	(i)	297,422	81,512	4,920	13,750	14,181	411,785	0
	(ii)	0	0	0	0	0	0	0
Kenneth G Berkenstock Radiation Oncologist	(i)	481,848	450,086	7,840	13,750	19,713	973,237	0
	(ii)	0	0	0	0	0	0	0
Kishor P Singapuri Radiation Oncologist	(i)	480,002	321,807	12,419	13,750	15,105	843,083	0
	(ii)	0	0	0	0	0	0	0
James Ku Bariatric Surgeon	(i)	655,078	91,000	2,563	13,750	16,085	778,476	0
	(ii)	0	0	0	0	0	0	0
Philip M Bayliss Perinatologist	(i)	677,200	43,846	7,867	13,242	14,246	756,401	0
	(ii)	0	0	0	0	0	0	0
Jeffrey T Cope Cardiothoracic Surgeon	(i)	650,000	59,500	3,269	13,750	16,590	743,109	0
	(ii)	0	0	0	0	0	0	0
Thomas E Beeman PHD Former Officer	(i)	0	0	834,638	0	0	834,638	0
	(ii)	1,116,284	465,162	716,666	0	17,818	2,315,930	699,568
Lee M Duke II MD Former Officer	(i)	284,950	133,950	1,780,120	13,750	3,946	2,216,716	1,047,907
	(ii)	0	0	0	0	0	0	0
Regina M Mingle Former Officer	(i)	0	0	125,036	0	0	125,036	0
	(ii)	473,295	147,805	143,903	84,460	13,701	863,164	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
LANCASTER GENERAL HOSPITAL

Employer identification number  
23-1365353

Part I Bond Issues

(a) Issuer name

(b) Issuer EIN

(c) CUSIP #

(d) Date issued

(e) Issue price

(f) Description of purpose

(g) Defeased

YesNo

(h) On behalf of issuer

YesNo

(i) Pool financing

YesNo

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .								
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .								
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .								
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .								
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .								
15	Were the bonds issued as part of an advance refunding issue? . . . . .								
16	Has the final allocation of proceeds been made? . . . . .								
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .								

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .								
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .								

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .								
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .								
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ►								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ►								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . .								
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .								
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .								

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .								
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .								
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?								
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?								
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .								

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
----- Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SUPPLEMENTAL INFORMATION ON TAX-EXEMPT BONDS	FORM 990, SCHEDULE K LANCASTER GENERAL HOSPITAL HAS BEEN ALLOCATED A PORTION OF THE PA HIGHER ED FACILITIES AUTHORITY- UPHS SERIES A&B 2016 BOND ISSUE FROM THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA (EIN 23-1352685) ("UNIVERSITY"), A RELATED IRC SECTION 501(C)(3) ORGANIZATION SINCE THE UNIVERSITY REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THE UPHS SERIES A&B 2016 BOND ISSUE HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE UNIVERSITY THE TOTAL ALLOCATED OUTSTANDING BALANCE FOR LANCASTER GENERAL HOSPITAL WAS \$178,168,088 AS OF JUNE 30, 2019

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
LANCASTER GENERAL HOSPITAL

Employer identification number  
23-1365353

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Andrea C Byorick	Family Member of F Joseph Byorick, Officer	87,522	Employment		No
(2) Megan E Byorick	Family Member of F Joseph Byorick, Officer	49,664	Employment		No
(3) Cathy J Byorick	Family Member of F Joseph Byorick, Officer	38,794	Employment		No
(4) Keith R Kuhlengel MD	Trustee	435,600	Limited Partnership Agreement		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
PART IV, LINE 4	ADDITIONAL DETAILS REGARDING TRANSACTIONS INVOLVING INTERESTED PERSONS KEITH R KUHLENGEL, MD IS A TRUSTEE OF LANCASTER GENERAL HOSPITAL AND THE PRESIDENT OF LANCASTER NEUROSCIENCE AND SPINE ASSOCIATES LANCASTER NEUROSCIENCE AND SPINE ASSOCIATES, LLC AND LANCASTER GENERAL HOSPITAL ARE LIMITED PARTNERS OF THE NEUROSPINE CENTER, LP LANCASTER GENERAL HOSPITAL HAS A 49.5% PARTNERSHIP INTEREST AND MADE AN INITIAL CAPITAL CONTRIBUTION OF \$435,600

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

LANCASTER GENERAL HOSPITAL

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Employer identification number**

23-1365353

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4D	DESCRIPTION OF OTHER PROGRAM SERVICES ALL OTHER PROGRAM SERVICES, INCLUDING BUT NOT LIMITED TO, LABORATORY, RADIOLOGY, EMERGENCY MEDICINE, EDUCATION AND PHYSICAL MEDICINE AND REHABILITATION LGH OPERATES AN EMERGENCY ROOM (ER) THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY THE EMERGENCY ROOM HAD A TOTAL OF 118,055 VISITS DURING FISCAL YEAR 2019 TOTAL PATIENT DAYS FOR THE FISCAL YEAR WERE 172,567 MEDICARE AND MEDICAID PATIENTS CONTRIBUTED 16,787 AND 65,910, RESPECTIVELY, TOWARDS THE 34,584 TOTAL INPATIENT DISCHARGES DURING THE FISCAL YEAR -----

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>EXEMPT PURPOSE ACHIEVEMENTS LANCASTER GENERAL HOSPITAL WILL IDENTIFY COMMUNITY HEALTH NEEDS, HELP REACH COMMUNITY CONSENSUS ON HEALTH CARE PRIORITIES, DEVELOP PROGRAMS (WHERE POSSIBLE TOGETHER WITH OTHER COMMUNITY ORGANIZATIONS) TO ADDRESS THESE NEEDS, DEVELOP AND MAINTAIN METRICS TO MEASURE OUR PROGRESS, AND REPORT OUT ACTIVITY TO THE BOARD OF TRUSTEES AND THE COMMUNITY AT LARGE FINANCIAL MEANS SHOULD NOT PREVENT ANYONE FROM ACCESSING HEALTHCARE SERVICES TO THAT END, LANCASTER GENERAL HOSPITAL HAS ESTABLISHED FINANCIAL ASSISTANCE PROGRAMS FOR THOSE WITH LITTLE OR NO INSURANCE, OR LIMITED FINANCIAL MEANS LANCASTER GENERAL HOSPITAL INCURRED UNPAID COSTS OF \$80.0M TO CARE FOR FINANCIALLY DISADVANTAGED PERSONS LANCASTER GENERAL HOSPITAL ENGAGES IN MEDICAL RESEARCH PROGRAMS LANCASTER GENERAL HOSPITAL ENGAGES IN TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONAL AT AN UNPAID COST OF \$10.4M -----</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART V, LINE 4A	FILING REQUIREMENTS FOR FORM TD-90-22 1 LANCASTER GENERAL HOSPITAL HAS AUTHORITY OVER A FI NANCIAL ACCOUNT IN A FOREIGN COUNTRY HOWEVER, THEY HAVE NO FINANCIAL INTEREST WITHIN THE FOREIGN ACCOUNT FORM TD-90-22 1 WAS FILED WITH THE PARENT COMPANY, LANCASTER GENERAL HEAL TH (EIN # 23-2250941) -----

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS THE SOLE MEMBER OF LANCASTER GENERAL HOSPITAL IS LANCASTER GENERAL HEALTH THE SOLE MEMBER MAY INITIATE AND IMPLEMENT ANY PROPOSAL WITH RESPECT TO ANY OF THE FOLLOWING, AMENDMENT OF CHARTER, CERTIFICATE OF ARTICLES OF INCORPORATION OR BYLAWS, SALE, PURCHASE, LEASE OR ENCUMBRANCE WITH DEBT, THE TRANSFER OF ANY ASSETS OF THE CORPORATION, EXCLUDING EQUIPMENT, ELECTION OR REMOVAL OF THE BOARD OF TRUSTEES OF THE CORPORATION, THE APPROVAL OF THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION, THE APPROVAL OF INVESTMENT ADVISORS, OUTSIDE LEGAL COUNSEL, AND AUDITORS OF THE CORPORATION, AND THE APPROVAL OF NON-BUDGETED EXPENDITURES -----

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY LANCASTER GENERAL HEALTH ELECTS THE BOARD OF TRUSTEES OF LANCASTER GENERAL HOSPITAL -----

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	<p>DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS THE SOLE MEMBER OF LANCASTER GENERAL HOSPITAL IS LANCASTER GENERAL HEALTH THE SOLE MEMBER MAY INITIATE AND IMPLEMENT ANY PROPOSAL WITH RESPECT TO ANY OF THE FOLLOWING, AMENDMENT OF CHARTER, CERTIFICATE OF ARTICLES OF INCORPORATION OR BYLAWS, SALE, PURCHASE, LEASE OR ENCUMBRANCE WITH DEBT, THE TRANSFER OF ANY ASSETS OF THE CORPORATION, EXCLUDING EQUIPMENT, ELECTION OR REMOVAL OF THE BOARD OF TRUSTEES OF THE CORPORATION, THE APPROVAL OF THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION, THE APPROVAL OF INVESTMENT ADVISORS, OUTSIDE LEGAL COUNSEL, AND AUDITORS OF THE CORPORATION, AND THE APPROVAL OF NON-BUDGETED EXPENDITURES -----</p> <p>----</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY INFORMATION RELATED TO THIS ORGANIZATION'S FORM 990 FILING IS GATHERED AND THE RETURN IS PREPARED BY FINANCE STAFF THE VICE PRESIDENT-CONTROLLER AND THE DIRECTOR OF ACCOUNTING REVIEWED THE FORM 990 AND IT WAS THEN PROVIDED TO PRICEWATERHOUSECOOPERS LLP FOR THEIR REVIEW IN ADDITION, THE MEMBERS OF THE GOVERNING BODY WERE GIVEN THE OPPORTUNITY TO VIEW THE 990 ONLINE VIA THE BOARD PORTAL SYSTEM PRIOR TO THE FILING -----

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>CONFLICT OF INTEREST POLICY IN ORDER TO ASCERTAIN AND EVALUATE ACTUAL OR POTENTIAL CONFLICTS, CERTAIN INTERESTED PERSONS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE STATEMENT UPON ENTERING EMPLOYMENT OR BECOMING A TRUSTEE OF LANCASTER GENERAL HOSPITAL OR AN AFFILIATE, AND OTHERS ARE ALSO REQUIRED TO FILL OUT SUCH A STATEMENT ON AN ANNUAL BASIS</p> <p>IN ADDITION TO THIS REQUIREMENT, ALL OFFICERS AND TRUSTEES, REGARDLESS OF WHETHER OR NOT THEY HAVE FILLED OUT OR HAVE BEEN ASKED TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE STATEMENT, HAVE AN ONGOING AFFIRMATIVE DUTY TO BRING TO THE ATTENTION OF LANCASTER GENERAL HOSPITAL SITUATIONS WHICH MAY GIVE RISE TO AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS DESCRIBED IN THE POLICY -----</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 14	DOCUMENTATION RETENTION AND DESTRUCTION POLICY THE ORGANIZATION HAS THE POLICIES AND PROCESSES IN PLACE AS MENTIONED IN FORM 990, PART VI, SECTION B, LINES 14 & 16B HOWEVER, THEY ARE NOT CURRENTLY APPROVED BY THE GOVERNING BODY -----

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 15	<p>PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL LANCASTER GENERAL HEALTH'S EXECUTIVE COMPENSATION PROCESS INCLUDES THE FOLLOWING REVIEW AND ACTION BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES WHICH IS COMPRISED OF INDEPENDENT TRUSTEES AN EVALUATION OF PERFORMANCE AGAINST GOALS IS CONDUCTED AT THE CLOSE OF A FISCAL YEAR TO DETERMINE THE LEVEL OF ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE OF THE CEO AND SENIOR EXECUTIVES AS TO DETERMINE MERIT AND INCENTIVE PAY ACTIONS MARKET DATA FOR BASE SALARY, TOTAL CASH COMPENSATION AND TOTAL COMPENSATION IS PROVIDED BY AN INDEPENDENT THIRD PARTY TO THE COMMITTEE AND REFLECTS A MARKET BASKET OF SIMILARLY SIZED ORGANIZATIONS WITH COMPARABLE EXECUTIVE POSITIONS UPON REVIEW AND DISCUSSION OF THE RELATED DATA AND INFORMATION THE COMMITTEE TAKES ACTION WHICH IS RECORDED IN THE MEETING MINUTES WHICH ARE THEN FILED FOR FUTURE REFERENCE</p> <p>-----</p>



990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 16B	JOINT VENTURE POLICY THE ORGANIZATION HAS THE POLICIES AND PROCEDURES IN PLACE AS MENTIONED IN FORM 990, PART VI, SECTION B, LINES 14 & 16B HOWEVER, THEY ARE NOT CURRENTLY APPROVED BY THE GOVERNING BODY -----

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC LANCASTER GENERAL HOSPITAL DOES NOT MAKE THE GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC, AS THEY ARE REQUIRED TO BE INCLUDED WITH FORM 990, SCHEDULE H -----

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VII, SECTION A	<p>COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES THE HOURS NOTED IN COLUMN (B) RELATE TO THE HOURS DEDICATED TO THE FILING ORGANIZATION AND/OR TO OTHER ORGANIZATIONS WITHIN THE LANCASTER GENERAL HEALTH SYSTEM DURING THE TIME PERIOD IN WHICH THEY SERVED THE HOURS DISCLOSED RELATE TO TIME SERVED ON A BOARD AND/OR FOR SERVICES PROVIDED RESULTING IN COMPENSATION PAID MEMBERS OF THE BOARD ARE NOT COMPENSATED FOR THEIR POSITION ON THE BOARD COMPENSATION DISCLOSED RELATES TO OTHER SERVICES PERFORMED THE LANCASTER GENERAL HOSPITAL BOARD TERM RUNS SEPTEMBER THRU SEPTEMBER WHILE THE ORGANIZATION'S FISCAL YEAR RUNS JULY THRU JUNE THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A EITHER STARTED OR TERMED DURING THE JUNE 30, 2019 FISCAL YEAR JOHN M ANDERSON, PHD (TERMED 8/31/2018) THOMAS E BEEMAN, PHD (TERMED 5/31/2018) FREDERICK C BEYER III, MD (TERMED 8/31/2018) KEITH R KUHLENGEL, MD (TERMED 1/01/2019) SUSAN WYNNE (TERMED 1/01/2019) RALPH W MULLER (TERMED 6/30/2019) WILLIAM H ADAMS, MD (STARTED 9/1/2018) KEITH KASPER (STARTED 9/1/2018) FRANCIS J MANNING, MD (STARTED 9/1/2018) EDWARD MONBORNE (STARTED 9/1/2018) NEAL SALERNO (STARTED 9/1/2018) JORDAN SPACE (STARTED 9/1/2018) SEAN P REYNOLDS (STARTED 9/1/2018) -----</p> <p>-----</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	<p>OTHER CHANGES IN NET ASSETS OR FUND BALANCES OTHER NON-OPERATING INCOME \$ 262,424 TRANSFER            OF NET ASSETS 4,430,301 RELATED PARTY TRANSFERS (101,660,398) PERPETUAL TRUST DISTRIBUTIO            N 86,541 CHANGE IN INTEREST IN NET ASSETS OF LANCASTER GENERAL 1,649,492 LGH AND NOVASTREA            M INTERCOMPANY ELIMINATIONS 294,070 ----- TOTAL \$ (94,937,570) -----            -----</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2B	AUDITED FINANCIAL STATEMENTS THE FINANCIAL INFORMATION FOR LANCASTER GENERAL HEALTH AND ITS AFFILIATES, INCLUDING LANCASTER GENERAL HOSPITAL WAS INCLUDED IN THE UNIVERSITY OF PENNSYLVANIA'S COMBINED FINANCIAL STATEMENTS AND AUDITED ON A CONSOLIDATED BASIS ----- -----

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
LANCASTER GENERAL HOSPITAL

Employer identification number  
23-1365353

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NOVASTREAM LLC 555 NORTH DUKE STREET LANCASTER, PA 17604 47-5202972	TELECOMM	PA	6,396,165	3,008,716	LG HOSPITAL

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

**r** Other transfer of cash or property to related organization(s) . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

Yes

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

Yes

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**      **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART V, LINE 2	TRANSACTIONS WITH RELATED ORGANIZATIONS ALL ARRANGEMENTS ARE NEGOTIATED AT ARM'S LENGTH AND FOR FAIR VALUE IN COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY   AFFILIATES PERFORM INTER-COMPANY TRANSACTIONS AS PART OF THE NORMAL COURSE OF BUSINESS

Additional Data

Software ID:  
Software Version:  
EIN: 23-1365353  
Name: LANCASTER GENERAL HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
421 CURIE BLVD 450 BRB II/III PHILADELPHIA, PA 19104 23-2929823	MED RESEARCH	PA	501(c)(3)	4	NA		No
C/O PNC BANK 620 LIBERTY AVE 10FL PITTSBURGH, PA 15222 23-6415355	SUPPORT TRUST	PA	4947(A)(1)	N/A	NA		No
701 E MARSHALL STREET WEST CHESTER, PA 19380 26-4233321	MGMT SRVCS	PA	501(C)(3)	12, I	TRUSTEES		No
250 KING OF PRUSSIA RD 4TH FL RADNOR, PA 19087 23-2729852	HEALTHCARE	PA	501(c)(3)	10	TRUSTEES		No
3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 23-2992715	SUPPORT ORG	PA	501(c)(3)	12, II	PA HOSPITAL		No
555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250941	SUPPORT ORG	PA	501(C)(3)	12, II	TRUSTEES		No
306 NORTH 7TH STREET COLUMBIA, PA 17512 23-0485650	FACILITY MGMT	PA	501(C)(3)	3	LG HOSPITAL	Yes	
555 NORTH DUKE STREET LANCASTER, PA 17604 20-5767147	FUNDRAISING	PA	501(C)(3)	7	NA		No
555 NORTH DUKE STREET LANCASTER, PA 17604 20-4943109	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		No
1030 NEW HOLLAND AVENUE LANCASTER, PA 17601 23-2777286	HEALTHCARE	PA	501(C)(3)	3	LG HEALTH		No
1525 W WT HARRIS BLVD CHARLOTTE, NC 28262 23-6210940	SUPPORT TRUST	PA	501(C)(3)	12, III-FI	NA		No
795 E MARSHALL STREET WEST CHESTER, PA 19380 23-2324782	NURSING	PA	501(C)(3)	12, I	CCH&HS		No
795 E MARSHALL STREET WEST CHESTER, PA 19380 23-2324787	HEALTH SRVCS	PA	501(C)(3)	10	CCH&HS		No
795 E MARSHALL STREET WEST CHESTER, PA 19380 23-1352243	NURSING	PA	501(C)(3)	7	CCH&HS		No
3451 WALNUT STREET ROOM 748 PHILADELPHIA, PA 19104 23-1986931	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES		No
3609 CHESTNUT STREET PHILADELPHIA, PA 19104 23-2422635	HEALTHCARE	PA	501(c)(3)	3	PMC		No
30 WEST 44TH STREET NEW YORK, NY 10036 23-2726687	CLUB	NY	501(c)(7)	N/A	NA		No
210 SOUTH 34TH STREET PHILADELPHIA, PA 19104 75-2974931	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES		No
3905 SPRUCE STREET PHILADELPHIA, PA 19107 23-1876142	PUBLISHING	PA	501(c)(3)	12, I	TRUSTEES		No
850 GREENFIELD ROAD LANCASTER, PA 17601 06-1645496	HEALTH EDU	PA	501(C)(3)	2	LG HOSPITAL	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
800 SPRUCE STREET PHILADELPHIA, PA 19107 31-1538725	HEALTHCARE	PA	501(C)(3)	3	TRUSTEES		No
426 CURIE BLVD PHILADELPHIA, PA 19104 23-2351015	SUPPORT ORG	PA	501(c)(3)	12, I	NA		No
3001 MARKET STREET 3RD FLOOR PHILADELPHIA, PA 19104 23-2901089	SUPPORT ORG	PA	501(c)(3)	3	TRUSTEES		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2561573	SUPPORT ORG	PA	501(c)(3)	12, I	PMC		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2810852	HEALTHCARE	PA	501(c)(3)	3	TRUSTEES		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2723154	HEALTHCARE	PA	501(c)(3)	10	PMC		No
51 NORTH 39TH STREET PHILADELPHIA, PA 19104 23-2294713	HEALTHCARE	PA	501(c)(3)	12, I	PMC		No
3000 STEINBERG HALL PHILADELPHIA, PA 19104 23-6297325	EDU SUPPORT	PA	501(c)(3)	12, I	NA		No
1500 MARKET ST STE 3500E PHILADELPHIA, PA 19102 81-0550464	BUS TRUST	PA	501(c)(3)	8	NA		No
701 E MARSHALL STREET WEST CHESTER, PA 19380 23-0469150	HEALTHCARE	PA	501(C)(3)	3	CCH&HS		No
217 HARRISBURG AVENUE LANCASTER, PA 17603 30-0634510	CARDIOLOGY	PA	501(C)(3)	3	LG HEALTH		No
3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 23-1352685	EDUCATION	PA	501(c)(3)	2	NA		No
555 NORTH DUKE STREET LANCASTER, PA 17604 23-1976868	SUPPORT ORG	PA	501(C)(3)	10	NA		No
3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-3021159	SUPPORT ORG	PA	501(c)(3)	12, I	TRUSTEES		No
3611 WALNUT STREET PHILADELPHIA, PA 19104 23-6299508	FAC CLUB	PA	501(c)(3)	12, I	TRUSTEES		No
3451 WALNUT STREET SUITE 731 PHILADELPHIA, PA 19104 45-4985731	SUPPORT ORG	PA	501(C)(3)	12, I	TRUSTEES		No
3451 WALNUT STREET ROOM 305 PHILADELPHIA, PA 19104 04-3574136	RETIRE TRUST	PA	501(A)	N/A	TRUSTEES		No
3451 WALNUT STREET ROOM 329 PHILADELPHIA, PA 19104 23-2769744	BENEFITS	PA	501(c)(3)	12, I	TRUSTEES		No
150 MONUMENT ROAD SUITE 300 BALA CYNWYD, PA 19004 23-2152662	HOSPICE CARE	PA	501(c)(3)	10	TRUSTEES		No
700 SPRUCE STREET PHILADELPHIA, PA 19106 23-2248956	HEALTHCARE	PA	501(c)(3)	3	PA HOSPITAL		No

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 21-0635009	HEALTHCARE	NJ	501(C)(3)	3	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-2225911	SUPPORT PHCS	NJ	501(C)(3)	7	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3493256	SUPPORT ORG	NJ	501(C)(3)	12,I	TRUSTEES		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-0022702	REAL ESTATE	NJ	501(C)(2)	N/A	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-2842773	HOMECARE SVCS	NJ	501(C)(3)	3	PHCS HOLDING		No
ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 26-4203938	HLTHCARE SVCS	NJ	501(C)(3)	10	PHCS HOLDING		No
1811 OLDE HOMESTEAD LANE LANCASTER, PA 17601 23-1352572	HOME HEALTH	PA	501(C)(3)	7	LG HEALTH		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ARI 1740 FUND  N SETSON AVE STE 5500 CHICAGO, IL 60601 32-0472404	INVESTMENT	IL	NA	N/A							No	
(1) DVG 1740 FUND LP  ONE FAWCETT PLACE GREENWICH, CT 06830 80-0961539	INVESTMENT	CT	NA	N/A							No	
(2) EAST MARSHALL STREET PARTNERSHIP LP  929 SOUTH HIGH STREET WEST CHESTER, PA 19382 23-2902742	INVESTMENT	PA	NA	N/A							No	
(3) FERN HILL PARTNERSHIP III LP  929 SOUTH HIGH STREET WEST CHESTER, PA 19382 30-0409614	RENTAL	PA	NA	N/A							No	
(4) FERN HILL LLC  929 SOUTH HIGH STREET WEST CHESTER, PA 19382 23-3005147	RENTAL	PA	NA	N/A							No	
(5) GALLOPAVO LP  2000 MCKINNEY AVE STE 2125 DALLAS, TX 75201 46-4621967	INVESTMENT	TX	NA	N/A							No	
(6) LANCASTER PET PARTNERSHIP LLP  PO BOX 4216 LANCASTER, PA 17604 23-3102793	MEDICAL SERVICES	PA	NA	N/A							No	
(7) LG HEALTH COMMUNITY CARE COLLABORATIVE  555 NORTH DUKE STREET LANCASTER, PA 17604 45-5542179	ACO	PA	LG HOSPITAL	RELATED	-551,565	210,624		No	0	Yes		97 000 %
(8) LIONVILLE MED OFFICE BLDG PARTNERSHIP  929 SOUTH HIGH STREET WEST CHESTER, PA 19383 16-1640799	INVESTMENT	PA	NA	N/A							No	
(9) MRI GROUP LLP  PO BOX 4216 LANCASTER, PA 17604 33-1011386	MEDICAL SERVICES	PA	NA	N/A							No	
(10) NEIGHBRHD PRES & DEV FUND LP  240 NEW YORK DR STE 1 FORT WASHINGTON, PA 19034 23-3037919	RENTAL	PA	NA	N/A							No	
(11) OAKLANDS WAY MEDICAL BUILDING ASSOCIATES  929 SOUTH HIGH STREET WEST CHESTER, PA 19382 83-0490251	RENTAL	PA	NA	N/A							No	
(12) SRP INVESTORS FUND A LP  2001 ROSS AVE SUITE 2800 DALLAS, TX 75201 61-1748291	INVESTMENT	TX	NA	N/A							No	
(13) JOG V C LIMITED PARTNERSHIP  2300-440 2ND AVE SW CALGARY, AL T2P5E9 CA	INVESTMENT	CA	NA	N/A							No	
(14) TURK'S HEAD SURGERY CENTER LLC  915 OLD FERN HILL ROAD BLDG B WEST CHESTER, PA 19380 20-0184603	MEDICAL SERVICES	PA	NA	N/A							No	

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) CYRUS 1740 MASTER FUND  89 NEXUS WAY CAMANA BAY GRAND CAYMAN KY1-9009 CJ 98-1361754	INVESTMENT	CJ	NA	N/A							No	
(1) JOG VI C LIMITED PARTNERSHIP  STE 2370 440 2ND AVE SW CALGARY, AL T2P5E9 CA	INVESTMENT	CA	NA	N/A							No	
(2) LIFT REAL ESTATE PARTNERS FUND I LP  180 SUTTER STREET SUITE 400 SAN FRANCISCO, CA 94104 83-1339929	INVESTMENT	CA	NA	N/A							No	
(3) LG HEALTH COMM CARE COLLAB II  555 NORTH DUKE STREET LANCASTER, PA 17604 82-3809581	ACO	PA	LG HOSPITAL	RELATED	0	0		No	0	Yes		97 000 %
(4) CYRUS 1740 FUND LP  65 E 55TH STREET 35TH FLOOR NEW YORK, NY 10022 82-1211542	INVESTMENT	NY	NA	N/A							No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) BARGE GANSE VENACAREINC 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2113017	HEALTHCARE	PA	LGS Inc	C-Corp					No
(1) CLINICAL HEALTH CARE ASSOC OF NJ PC 250 KING OF PRUSSIA RD 4TH FL RADNOR, PA 19087 23-2865181	PHYS MGMT	PA	CCA	C-CORP					No
(2) DELANCEY CORPORATION 800 SPRUCE STREET PHILADELPHIA, PA 19106 23-2060159	RENTAL	PA	PA HOSPITAL	C-CORP					No
(3) FRANKLIN CASUALTY INSURANCE CO PO BOX 530 BURLINGTON, VT 05402 04-3378984	INSURANCE	VT	TRUSTEES	C-CORP					No
(4) LANCASTER GENERAL INSURANCE COMPANY PO BOX 1109 GT GRAND CAYMAN, GRAND CAYMAN KYI-1102 CJ 98-0176655	INSURANCE	CJ	LG HEALTH	C-CORP					No
(5) LANCASTER GENERAL SERVICES INC 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250128	PROPERTY SVCS	PA	LG HEALTH	C-Corp					No
(6) NAYA 1740 FUND LTD PO BOX 309 UGLAND HOUSE, GRAND CAYMAN KY1-1104 CJ	INVESTMENT	CJ	TRUSTEES	C-CORP					No
(7) UPENN HOSPITALITY INC 3401 WALNUT STREET SUITE 440A PHILADELPHIA, PA 19104 23-3076589	HOTEL/RESTAURANT	PA	TRUSTEES	C-CORP					No
(8) PENN WHARTON CONSULTING (BEIJING) CO LTD CHINA WORLD TOWER 1 14F CHAOYANG DIST, BEIJING 100004 CH	BUS CONSULTING	CH	UPENN INT'L	C-CORP					No
(9) PRESBYTERIAN MEDICAL SERVICES 39TH AND MARKET STREET PHILADELPHIA, PA 19104 23-2307991	HEALTHCARE	PA	PMC	C-CORP					No
(10) QUAKER INSURANCE COMPANY LTD 3451 WALNUT ST ROOM 329 PHILADELPHIA, PA 19104 30-0708282	SELF-INSURANCE	BD	TRUSTEES	C-CORP					No
(11) THE PAM 1740 FUND LTD PO BOX 309 GEORGE TOWN, GRAND CAYMAN KYI-1104 CJ	INVESTMENT	CJ	TRUSTEES	C-CORP					No
(12) TURK'S HEAD HEALTH SERVICES INC 701 E MARSHALL STREET WEST CHESTER, PA 19380 23-2329753	MEDICAL SERVICES	PA	CCH&HS	C-CORP					No
(13) LANCASTER GENERAL 457 DEFERRED COMP PLAN 555 NORTH DUKE STREET LANCASTER, PA 17604 23-2250941	TRUST	PA	LG HEALTH	TRUST					No
(14) ARCM 1740 FUND LTD 27 HOSPITAL ROAD GRAND CAYMAN KY1-9008 CJ	INVESTMENT	CJ	TRUSTEES	C-CORP					No



**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) PRINCETON HEALTH INC & SUBS ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3450093	MEDICAL	NJ	PHCS HOLDING	C-CORP					No
(1) PHI PHARMACY INC ONE PLAINSBORO ROAD PLAINSBORO, NJ 08536 22-3467899	INACTIVE	NJ	PHCS HOLDING	C-CORP					No
(2) CIRCLE MEDICAL ASSURANCE CO 2929 WALNUT STREET SUITE 460 PHILADELPHIA, PA 19104 83-3556286	INSURANCE	PA	TRUSTEES	C-CORP					No
(3) PENN MEDICINE LONDON LIMITED RADIUS COMM SRVCS LTD 11TH FL WHITEFRIARS LEWINS MEAD, BRISTOL BS1 2NT UK	HEALTHCARE	UK	UPENN INT'L	LIMITED COMPANY					No

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	Lancaster General Health-Columbia Center	b	5,566,936	FMV
<b>(1)</b>	Lancaster General Health-Columbia Center	k	407,450	FMV
<b>(2)</b>	Lancaster General Health-Columbia Center	l	420,928	FMV
<b>(3)</b>	Lancaster General Health-Columbia Center	o	129,344	FMV
<b>(4)</b>	Lancaster General Health-Columbia Center	q	4,166,214	FMV
<b>(5)</b>	Lancaster General Health-Columbia Center	r	5,361,647	FMV
<b>(6)</b>	Pennsylvania College of Health Sciences	b	1,726,700	FMV
<b>(7)</b>	Pennsylvania College of Health Sciences	l	649,518	FMV
<b>(8)</b>	Pennsylvania College of Health Sciences	m	1,355,876	FMV
<b>(9)</b>	Pennsylvania College of Health Sciences	o	405,490	FMV
<b>(10)</b>	Pennsylvania College of Health Sciences	q	2,395,629	FMV
<b>(11)</b>	LG Health-Community Care Collaborative	a	143,317	FMV
<b>(12)</b>	LG Health-Community Care Collaborative	b	3,421,670	FMV
<b>(13)</b>	LG Health-Community Care Collaborative	l	243,888	FMV
<b>(14)</b>	LG Health-Community Care Collaborative	o	4,117,066	FMV
<b>(15)</b>	LG Health-Community Care Collaborative	p	143,088	FMV
<b>(16)</b>	LG Health-Community Care Collaborative	q	177,178	FMV
<b>(17)</b>	LG Health-Community Care Collaborative	s	197,173	FMV